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ABSTRACT

This report presents the results of efforts of the Subcommittee on Health and Long-Term Care to examine the extent of elder abuse in the United States. The executive summary presents details of the actions taken by Congress to pass legislation (H.R. 7551) to help control unwarranted violence against the aged and by the states to pass elder abuse-related laws and procedures to gain compliance with the anticipated new law. The procedures taken by the subcommittee to gain information in the area of elder abuse are outlined, e.g., collecting, reviewing, and tabulating letters and case histories received by the subcommittee over a 4-year period; reviewing all Congressional hearings and reports on elder abuse; and conducting survey and telephone interviews of state human services departments. Section I of the report presents case histories submitted by the states describing physical, financial, psychological, and sexual abuse and violations of rights and self-neglect. SEction II discusses theories of the causes of elder abuse and section III presents the results of the survey of state human services departments (budget and resources, abuses, state regulatory actions). Section IV summarizes the federal response to elder abuse, i.e., Congressional action, the involvement of the Justice and Health and Human Services Departments, and federal funding. Section V contains policy recommendations for the Congress and for the states and section VI provides a brief summary of the report. The appendices contain the questionnaire to the states, a directory of offices responsible for adult protective services, and a summary of Health and Human Services elder abuse programs. Eight tables are included in the text which summarize elder abuse information by state. (MCF)

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[COMMITTEE PRINT]

ELDER ABUSE: A NATIONAL DISGRACE

A REPORT

BY THE

CHAIRMAN

OF THE

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

FIRST SESSION

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MAY 10, 1985

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FOREWORD

In 1978, the House Select Committee on Aging undertook the first Congressional examination of elder abuse in the United States. A 1981 report entitled, "Elder Abuse: An Examination of a Hidden Problem," documented the Committee's tragic findings that over 1,000,000 older Americans are physically, financially and emotionally abused by their relatives or loved ones annually. The Committee also found that elder abuse was a hidden problem. Out of fear or dependence on their abusers, only one of every six elder abuse victims was likely to come to the attention of appropriate authorities. It was recommended that States enact statutes, analagous to State child abuse statutes, designating an agency to identify and assist elder abuse victims. In addition, Congress was urged to enact legislation which would provide financial assistance to those States with elder abuse statutes in place.

Eight years have passed since this landmark investigation began, yet action to effectively address this problem remains elusive. Although the majority of States have enacted elder abuse statutes since 1981, the Congress has not reciprocated in similar fashion.

Spurred by an increasing volume of mail documenting abuse of elders, the Subcommittee on Health and Long-Term Care of the Select Committee on Aging sought to determine the status of elder abuse in the United States. This report concludes that elder abuse, a term that did not exist prior to 1981, has not diminished. In fact, its incidence is increasing, due largely to increased recognition of the problem. Also, the Subcommittee concluded that the States are hard pressed to address this horrifying domestic disgrace and the Congress should act immediately to assist the States in preventing, identifying and assisting our Nation's elder abuse victims.

The Subcommittee's report was prepared and written by Kathleen Gardner Cravedi, Staff Director of the Subcommittee, with the assistance of Melanie Modlin, Assistant Staff Director, and Peter Reinecke, Research Director for the Subcommittee. Information supplied the Subcommittee by the States was gathered and analyzed by Mrs. Mary Toole, a graduate intern from the University of Alabama. Case histories were reviewed and summarized by Subcommittee interns Melanie Pallone and Julia Kingston. Tom Bazley, on detail to the Subcommittee from the U.S. Postal Service, and Bill Halamandaris, a staff consultant, provided invaluable assistance to the Subcommittee's overall review.

I commend this report to all those concerned with preventing the abuse of older Americans. I hope this helps to lead to needed reform.

CLAUDE PEPPER, *Chairman.*

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ELDER ABUSE: A NATIONAL DISGRACE

INTRODUCTION AND EXECUTIVE SUMMARY

Elder abuse. This phrase represents a shocking and still largely hidden phenomenon affecting hundreds of thousands of our Nation's most helpless and vulnerable citizens. The average citizen would find it hard to believe how widespread and frequent this problem is—how it cuts across all classes of society, how it occurs in bustling metropolises and small towns, in suburbs and on farms. More importantly, most would prefer not to acknowledge that such abuse exists. In a landmark report issued in 1981 entitled "Elder Abuse: An Examination of a Hidden Problem," the Aging Committee found that elder abuse is simply "alien to the American ideal. Even abused elderly are reluctant to admit their children, loved ones, and those entrusted with their care have assaulted them. For this reason, the abuse of our elderly at the hands of their children until recent times has remained a shameful and hidden problem."

The 1981 report was an attempt to explore what was known about elder abuse. What the Committee found was that elder abuse was far from an isolated and localized problem involving a few frail elderly and their pathological offspring. The problem was a full-scale national problem which existed with a frequency few have dared to imagine possible. In fact, abuse of the elderly by their loved ones and caretakers existed with a frequency and rate only slightly less than child abuse. There was no question that the problem was increasing dramatically from year to year.

The Committee also found that elder abuse was far less likely to be reported than the abuse of children. While one out of three child abuse cases is reported, only one out of six cases of adult abuse came to the attention of authorities. Lastly, the Committee concluded that some 4 percent of the Nation's elderly may be victims of some sort of abuse, from moderate to severe. In other words, one out of every 25 Americans, or roughly 1 million older Americans, may be victims of such abuse each year.

The horrifying conclusion to be drawn was that elder abuse, which frequently is seen as breaking the bond between parent and child—a bond so central in the fabric of society—was everywhere. The obvious question was what could the Federal Government do to provide safety to seniors in their own homes. In reviewing the history of domestic abuse in America, the Committee found that Federal legislation in the area of child abuse paid handsome dividends in encouraging the States to enact needed legislative reforms designed to prevent and identify the abuse of children within their jurisdictions. With the enactment of the Child Abuse Prevention and Treatment Act of 1974, the States were quick to enact statutes in accordance with the Act and gain eligibility for receipt of funds to designate agencies within their State for the purpose of identify-

ing, assisting and preventing child abuse. It seemed obvious that the Federal Government could play a similar role in the analogous area of elder abuse.

Therefore, in order to help the States and stimulate them to improve their own statutes and the protections they offer the infirm and dependent elderly, the Committee recommended the passage of legislation indentical to the Child Abuse Prevention and Treatment Act of 1974 as an important step in controlling unwarranted violence against the aged. Subsequently, legislation was introduced in the Ninety-Seventh Congress (H.R. 7551) and every Congress since has sought to carry forth this recommendation. Although this legislation has not yet been enacted by the Congress, it has generally enjoyed wide bipartisan support. In fact, in a 1980 survey by the Committee to all State Departments of Human Services, the queston was posed, "Would you support the passage of H.R. 7551?" Virtually every State responded in the affirmative. Congress responded similarly and over 100 Members of Congress joined in favor of this reform measure before the close of the 97th Congress.

Given the widespread support for this legislation, States were quick to act. Encouraged by the possibility of financial assistance, States began modifying their elder abuse-related laws and procedures to gain compliance with the anticipated new law's mandate which included mandatory reporting provisions. By 1985, 37 States and the District of Columbia had adopted mandatory reporting provisions as part of their adult protective service laws. Between 1980 and 1985 alone, over 21 States and the District of Columbia enacted mandatory reporting requirements for elder abuse as required by H.R. 7551. Prior to 1980, only 16 States had adult protective service laws with such provisions.

In spite of impressive regulatory reform at the State level, the Subcommittee was disturbed by the increasing indications that elder abuse had not abated and perhaps was increasing. In 1984, the Subcommittee initiated this inquiry to update what is known about the problem. Following public notification of the Subcommittee's interest in a February 17, 1985 *Parade* magazine article on elder abuse, the Subcommittee received literally thousands of letters from throughout the United States from concerned individuals. This barrage of mail revealed a litany of abuse from North and South, East and West. Horrifying tales of abuse incidents in nursing homes and private homes, often at the hands of family and loved ones, unfolded throughout the pages of correspondence.

In order to determine the Nation's effectiveness in coming to grips with this national tragedy, the Subcommittee undertook the following steps:

A. Collected, reviewed and tabulated letters and case histories received by the Subcommittee over the last 4 years, as well as letters received in response to the *Parade* article of February 17, 1985.

B. Reviewed all hearings and reports on abuse of the elderly by Congressional Committees and administrative agencies.

C. Prepared and sent a questionnaire to all State Human Services Departments at the Chairman's request. The responses to these questions were tabulated and appear later in this paper. The questionnaire can be found in Appendix I.

D. Conducted follow-up telephone interviews with over one-half of the State Human Services Departments. A Directory of Offices Responsible for Adult Protective Services appears in Appendix II.

E. Reviewed all books, periodicals, and newspaper references relating to elder abuse and family violence in the possession of the Library of Congress.

F. Reviewed and summarized case histories of abuse forwarded to the Subcommittee by the States. These case histories can be found later in this report.

G. Communicated with numerous organizations and service providers representing the elderly to ascertain their views on the problem of elder abuse.

The Subcommittee was able to reach a number of conclusions. They are as follows:

—The Subcommittee found that abuse of the elderly is increasing nationally. About 4 percent of the Nation's elderly may be victims of abuse from moderate to severe. To put this another way, about one out of every 25 older Americans, or more than 1.1 million persons, may be victims of such abuse each year. This represents an increase of 100,000 abuse cases annually since 1981.

—The Subcommittee learned that elder abuse is far less likely to be reported than child abuse. While one out of three child abuse cases is reported, only one out of five cases of elder abuse comes to the attention of appropriate authorities.

—The Subcommittee found that the majority of States—three-quarters or 37 States and the District of Columbia—have enacted State statutes, or adult protective service laws to provide for mandatory reporting of elder abuse. This represents a substantial increase over 1980, when only 16 States had such statutes in place. The Subcommittee found that State action in this area is predicated on the passage of legislation providing financial incentives to the States analogous to child abuse funding. As such legislation has not yet been approved, most States are hard-pressed to carry out these mandates. While it is a shame that the States are only able to spend about $22 for each child State resident, on the average, for child protective services, it is a crime that they spend only $2.90 for each elderly resident. In addition, only about 4.7 percent of the average State's budget goes for protective services for the elderly (a drop of about 2 percent from the 1980 level of State funding for this purpose), even though about 40 percent of all reported abuse cases involve adults and abused elders.

—The Subcommittee found that absent the passage of legislation providing assistance to the States in this area, the States are severely hampered in channeling monies into this newly designated social services area—elder abuse protective services—on their own authority. Since 1981, the primary source of Federal funding for State protective services, the social services block grant, has been cut nearly one fifth by direct cuts and inflation. Faced with the clear need to do more, the Federal Government is doing considerably less.

Section I of this report makes for unpleasant reading. It presents summaries of examples of abuse from every part of the United

States. In response to the aforementioned *Parade* article on elder abuse, the Subcommittee received thousands of accounts of abuse ranging from the systematic theft of a social security check to violent physical abuse, including rape and murder. Also summarized are case histories brought to the Subcommittee's attention over the last 5 years by concerned individuals and abused elders themselves. Lastly, the States provided the Subcommittee with hundreds of examples of elder abuse which typify situations they encounter on a daily basis.

Physical violence, including negligence, and financial abuse appear to remain the most common forms of abuse, followed by the abrogation of basic constitutional rights and psychological abuse. Most instances of elder abuse are recurring events rather than a single incident. All of the abuse cases have a number of elements in common. For example, it is possible to draw a profile of the most likely victims of elder abuse and those most likely to perpetrate it.

The victims of elder abuse are likely to be old, age 75 or older. Women are more likely to be abused than men. This is in part due to their life expectancy. Women live longer, on the average, than men. The victims are generally in a position of dependency, that is, they are relying on others, be it their family or caregiver, for care and protection.

A profile of the elder abuser also emerges. The likely abuser will usually be experiencing great stress. Alcoholism, drug addiction, marital problems and long-term financial difficulties all play a role in bringing a person to abuse his or her parents. The son of the victim is the most likely abuser, followed by the daughter of the victim. It is interesting to note that the abuser, in many cases, was abused by the parents as a child.

The Subcommittee also found that the abused elder is less likely to report the incident of abuse than abused persons in other age groups. It is apparent that they are often ashamed to admit their children or loved ones abuse them or they may fear reprisals if they complain. Interestingly, since the release of the Committee's 1981 report on elder abuse, the percentage of cases of elder abuse reported has increased. Prior to 1981, only about one in six cases of elder abuse was reported. Today, about one in five cases comes to the attention of protective services.

Section II of this report recalls the theories for the cause of elder abuse as documented in the earlier Committee report. In sum, there is no single explanation for why elders are abused. Rather, any one or a combination of factors detailed in this section may explain why elders are abused. The abuser may lack community resources to assist him or her in their caregiving role; if mistreated as a child, the abuser may view abuse of the parents as a means of retaliation or revenge; sometimes, after parent and child have been separated emotionally or geographically for lengthy periods, the elderly parent's return is viewed as an intrusion; for certain families, violence is the normative response to stress and is a tradition carried from generation to generation; many middle-aged family members, finally ready to enjoy time to themselves, are resentful of a frail, dependent elderly parent; increased life expectancy is another factor leading to increased incidence of elder abuse—the dependency period of old age has been extended; and there are certain envi-

ronmental conditions which can precipitate stress, which may then lead to abusive or neglectful behavior—quality of housing, unemployment, alcohol and drug abuse, and crowded living conditions can by themselves or in combination with other factors encourage mistreatment of a dependent elderly person.

Section III of this describes data received from the States and supports the following conclusions:

—37 States and the District of Columbia have what they consider to be adult protective service laws which require mandatory reporting, but these vary widely in scope. There is, however, little consistency among these States as to who is required to report and what penalties will apply when there is a failure to do so.

—The percentage of States' total protective services budgets allocated to elderly protective services has remained disproportionately low. While some 40 percent of all reported abuse cases involve adults and elderly adults, only 4.7 percent of State budgets for protective services are committed to elderly protective services.

—On average, each State in 1984 spent about $2.90 per elderly resident for elderly protective services. The picture is a bit brighter for child abuse victims, for whom the States, on the average, spend about $22 per child resident for child protective services.

—Some 82 percent of all adult abuse cases reported annually involve elderly victims. The States indicated, however, that only one in five cases of elderly abuse is ever reported. (It should be noted that this is up from one in six in 1980, and that the population of over-65ers has grown from about 25 million in 1980 to almost 28 million today.)

—According to the States, about 4 percent of the Nation's elderly may be the victims of some form of abuse, physical, financial, or emotional, each year. To put this another way, about 1,100,000 older Americans are abused by family, loved ones and caregivers each year.

—The vast majority of the States, about 75 percent, told the Subcommittee that incidence of elder abuse was increasing.

Section IV discusses Congressional and Federal action with respect to elder abuse in the United States, and Section V includes a number of policy options for the consideration of the Congress and the States:

—Since 1981, the primary source of Federal funding for protective services, the Social Services Block Grant, has been cut in real terms nearly one fifth by direct cuts and inflation. Faced with the clear need to do more, the Federal Government is doing considerably less.

—The basic recommendation of this report essentially borrows a leaf from the Aging Committee's report of 1981: that the Federal Government should assist the States in their efforts to deal with the pervasive problem of elder abuse. In this regard, the Congress may wish to consider legislation analogous to the Child Abuse Prevention, Identification and Treatment Act of 1974. The bill would provide Federal funds to States which had mandatory reporting laws and provided for immunity from

prosecution for persons reporting incidences of abuse, neglect and exploitation. In addition, it would provide for the establishment of a National Center for Elder Abuse.

—Congress should amend Title XX, Medicare, Medicaid and SSI to provide for more social services to families who are caring for an older person, such as respite care, home health services, personal services, homemaker services, home-delivered meals, and adult day care. Obviously, funding for the social services block grant to the States, the primary source of support for protective services, should not be diminished.

—The States should consider enacting mandatory reporting legislation and otherwise upgrading their statutes to provide specific protections to elderly equal to those provided to children.

SECTION I

HOW ARE ELDERS ABUSED? CASE HISTORIES

Since April of 1981, following the release of a landmark report on elder abuse by the Select Committee on Aging,[1] a continuous flow of mail has been received by the Subcommittee from concerned individuals seeking further information regarding this matter of growing social importance. In all too many instances, these requests for assistance would be accompanied by a plea for help or direction in resolving an ongoing abusive situation.

The Subcommittee viewed this continued outpouring of concern as a sign of increased awareness on the part of the American public that elder abuse was not just an isolated occasional problem. The appearance of a February 17, 1985 *Parade* article on elder abuse not only reinforced this view but moved the Subcommittee to reevaluate the status of elder abuse in the United States, its incidence, and efforts by the States and the Federal Government to identify and prevent its occurrence. In March 1985, the Subcommittee on Health and Long-Term Care contacted each State's Department of Human Services requesting data on their experiences with elderly abuse. An analysis of the States' response is contained in Section III of this report. In addition, the Subcommittee asked that case histories be forwarded to the Subcommittee for review. Thousands of case histories poured in detailing personal episodes of abuse of the elderly by their family and loved ones, ranging from simple theft of a social security check to brutal physical violence including rape and murder.

What follows are examples of abuse likely to be encountered by older Americans confronting an abusive domestic situation. The examples are meant to be illustrative, not exhaustive. These shocking examples of the abuse of the elderly by their loved ones are current and virtually all of the States are represented.

The examples which are set forth in this section are entered because this is a way to prove the depth and scope of this serious problem. The Subcommittee does not mean to suggest that States should divert their attention from the plight of abused youth; rather, it is suggested that more attention should be directed to the last years of life as well. As will be later detailed in this report, the States have acted to enhance their adult protective service laws since this issue first surfaced as a national concern in the early 1980s. Unfortunately, social service budgets have been hard pressed to allow for the concerted effort necessary to carry out the mandates.

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[1] "Elder Abuse: An Examination of a Hidden Problem," A Report by the Select Committee on Aging, U.S. House of Representatives, 97th Congress, First Session, April 3, 1981, Comm. Pub. No. 97-277.

It should be understood that there is no uniform State definition for the examples of abuse the Subcommittee has chosen to call elder abuse. Generally speaking, the abuses sustained by the elderly are suffered at the hands of their family, relatives or caregivers. Caregivers are unrelated individuals placed in the role of providing care and services to the aged usually because the seniors have no other relatives living or who will accept this responsibility. By definition elderly abuse involves a pattern or practice of abuse rather than a single isolated incident. For example, a spontaneous shooting of an elder by a loved one would not be regarded as elder abuse if the incident were not preceded by a series of abusive incidents. Rather, it would be regarded as murder.

The categories of abuse which are set forth below include physical abuse, both deliberate physical violence and negligence, sexual abuse, financial abuse, psychological abuse, and violation of rights.

A profile of the abused elder and the abuser emerges from these case histories. The abused elder is likely to be an elderly female who is dependent on the services and assistance of another for one or more necessities of daily living. The abuser, on the other hand, was most likely the son or son-in-law suffering from alcohol, drug or emotional problems, or experiencing great stress due to the financial strain associated with caring for an aged relative with a protracted illness.

Physical Abuse

"Physical abuse is conduct of violence which results in bodily harm, or mental distress. It can include assault—putting the elderly in fear of violence—at one end of the spectrum all the way to murder and mayhem at the other end of the spectrum. Physical abuse can be either active or passive. Passive abuse is known as negligence; active abuse includes all manner of aggression against a loved one." [2]

A. DELIBERATE PHYSICAL INJURY

The Subcommittee received hundreds of examples of the deliberate physical injury of senior citizens perpetrated by relatives. This intentional effort to cause harm to another includes beatings, murder, mayhem and false imprisonment—the unjustified denial of another's freedom of movement. Examples include:

—A woman from Nevada related the abuse of her mother by her sister. When the abuses were reported to the legally appointed guardian, who was a good friend of the sister, they were ignored. The mother was beaten; when she was incontinent, feces were rubbed in her face as punishment. The abusive daughter would not allow a visiting nurse to clean or examine her and she suffered from bed sores. The mother was taken to the hospital where she died from complications and the abusive treatment by the daughter, who by this time had depleted the estate of the mother.

—A granddaughter reported that her 78-year-old grandmother was physically and mentally abused by her son and other

[2] "Elder Abuse: An Examination of a Hidden Problem," Ibid., p. 3.

granddaughters who had moved in with the elderly woman. The grandmother was afraid to let her granddaughter seek legal help. The family doctor has been contacted by the granddaughter and was aware of the situation. His professional reply: "I know she is going through tremendous abuse—what I have seen is physical, but I can't do anything until she asks for help."

—A 59-year-old woman was disabled by severe arthritis and other physical problems. She is less than 5 feet tall and weighs less than 100 pounds. On one occasion, her son hit her in the head with a board. She had a plate in her head as a result of this incident. On another occasion, he picked her up and slammed her body into the ground.

—A 62-year-old Wisconsin woman lived and worked on a farm that she and her (now deceased) husband had lived on for 40 years; her son now rents this farm. She wished to remain independent but her son tormented her. He destroyed the lawns of the farm, threw cow manure at her home, piled snow against the garage and at one point took her garage door opener so she could not get out. The elderly woman had never abused her son and yet, she says, "he calls me names, gets drunk and comes in my house and knocks me around," and even "shot over my head—close." He refused to allow his children to help her.

—A 74-year-old woman required emergency-room treatment after being beaten in the head with a shoe by her daughter, with whom she was living. The daughter threw her out of the house and the older woman now lives in a personal care home.

—In Alabama, a senior citizen on a fixed income lived alone in his home. His children, in particular three able-bodied sons who do not work, constantly broke into his home any time he left it. Despite the repeated changing of locks, they continued to rob him. They ganged up on him and beat him enough to send him to the hospital three times, once necessitating surgery—maintaining he was drunk when he was in fact working. "I was working until they attacked me in 1975," he states; they also broke his aged mother's arm in three places (some time before 1980, the year of her death). Presently they threaten to kill him and assert if he were "dead and out of the way" they "could live better." His children make him out to be insane, although he has spoken with a mental health counselor who feels he is quite sound. He has been to the police, who do not help him. "I am tired of being treated this way for nothing," he pleads, "so please, please, help me to get this to stop."

—A 78-year-old Ohio woman was hospitalized with a fractured thigh and numerous bruises. The injuries were inflicted by her son, with whom she lives. The woman was competent but refused services.

—Police in Atlanta reported that an older woman was attacked by her 30-year-old son with a butcher knife. He lives in her home and is capable of working, but will not. She therefore continues to support him.

B. NEGLIGENCE

"Negligence can be defined as conduct which is careless; it is the breach of duty which results in injury to a person or in a violation of rights. There is ample evidence of negligence by relatives and caretakers with devastating consequences to the helpless elderly. This section of this report details a few of these examples collected by the Subcommittee." [3] Examples include:

—A 72-year-old Texas woman, legs and back covered with large open sores, stayed in a small room in the rear of her son's rented house on the outskirts of town. He claimed to be caring for her, but the visiting nurse thought otherwise. Her first few visits found the senile woman asleep on a wet mattress on the floor with half a banana or a chicken leg in her hand. The nurse knew she could not have eaten any of the food because she was unable to raise her arm. Later, the woman became so dehydrated that the nurse asked him to take her to a hospital. He refused until a doctor firmly ordered him to call an ambulance. The mother died a week later.

—An 80-year-old woman, crippled with arthritis, depended on her 50-year-old son for care. She could not even dial a telephone; yet he left her alone all day and part of the night. Before leaving the house he tied her in bed with a rope, then padlocked the bedroom door. A few saltine crackers and a jug of water were placed with her reach. Finally, a nurse was asked to check on the woman, whom she found a wet bed, sweating in the 90-plus degree room. An investigation revealed severe neglect.

—An 82-year-old bedfast woman was living with her sister, who would neither provide adequate care for the client nor allow anyone else to do so. The client was finally admitted to the hospital suffering from severe malnutrition, with multiple bruises on both arms and decubitus ulcers on both hips, the right knee, and both feet. The entire right hip and buttock was covered by an open decubitus ulcer, with deterioration of tissue to the bone. The woman's muscles were contracted in both her arms and legs.

—A woman in her 70's lived with her husband and an adult son. The son is mentally limited. Following a hospitalization, the woman was unable to get out of bed by herself and was not taken out of bed for any purpose for several months. All these months she lay in her own waste. When protective services staff found her, she was covered in maggots and died in a hospital 72 hours later.

FINANCIAL ABUSE

Financial exploitation involves the theft or conversion of money or anything of value belonging to the elderly by their relatives or caretakers. Sometimes, this theft or misappropriation is accomplished by force—sometimes at gunpoint. In other cases, it is accomplished by stealth through deceit, misrepresentation and

[3] "Elder Abuse: An Examination of a Hidden Problem," Op. Cit., p. 11.

fraud. In most instances, the loss of property by the elderly is immediate, but in a few instances involving undue influence in the writing of wills, greedy family members have been willing to wait a few months or even years to acquire the property of a loved one.

In its inquiry, the Subcommittee developed literally thousands of examples which fall into the category of financial exploitation. As is noted from other parts of this report, financial abuse usually is accompanied by physical and psychological abuse. The examples provided below are merely illustrative of this problem. They range from armed robbery of the elderly by their loved ones to larceny of their personal possessions to exotic schemes to defraud them of literally anything of value.

One of the most heartbreaking series of examples involves the elderly who lived idependently until an injury or illness necessitated a stay in the hospital. Upon discharge from the hospital, many older Americans have learned to their chagrin that their families have literally sold their homes out from under them. Equally heartbreaking are cases where family members have their loved ones committed to a public institution as a means of obtaining their property.

It became apparent to the Committee that to some extent, Federal policy under Medicare-Medicaid and the Supplemental Security Income program encourage the financial exploitation of the elderly. Generally, the exploitation revolves around the decision to place an older person in a nursing home or related institution. Since Medicare pays for only about 2 percent of the Nation's total nursing home bill, the elderly must pay these expenses themselves or look to their families. With average charges in American nursing homes running in excess of $24,000 a year and given the fact that no insurance can be found which will pay more than a modest amount of this bill, more and more families have been looking for ways to qualify their loved ones for Medicaid, the welfare nursing home program which is available without limit to the poor. Families have learned that if the elderly divest themselves of their resources and income, they will become eligible for Medicaid.

Many family members rationalize that it is a pity to waste money (even if it belongs to the elderly) on old people near death and that it is somehow compounding the problem to give this money to what they call greedy nursing home owners. For this reason, family members have taken money or property belonging to the elderly and then represented to State Medicaid workers with a straight face that the senior has no property, thus qualifying for Medicaid.

With respect to SSI—a program of cash grants to the poor elderly from the Federal Government, the problem is caused by a provision in the law which reduces SSI payments by one-third if the senior lives with related individuals. There is also a provision which bars the receipt of SSI funds for most individuals housed in public institutions. What this means is that more and more old people are being entered in the Federal SSI rolls instead of being taken care of at home. The fact that public institutions are generally unavailable means the elderly are increasingly being placed in private for-profit boarding homes. While the subject of boarding

homes was incidental to this study, the Subcommittee could not help but be moved by the tremendous number of abuses which were reported in boarding homes. While the matter merits further study, it would appear that boarding homes have replaced nursing homes as the premier havens for institutionalized abuse of the elderly in America. Indeed, a number of victims of boarding home abuse and of abuse at home by loved ones have found nursing homes a pleasant change by comparison. Examples of financial exploitation of the elderly follow: [4]

—An elderly woman, mother of nine children, was forced to sell her home after her husband's death and share the money with one of her sons. She has been struggling and essentially homeless ever since. While in the hospital, another son promised that if she would give him $23,000 for a home, he would house her in an extra room until death. Weak, she agreed, and never saw him again. After major surgery, a daughter offered her mother a "lousy" room for $100 a week where she had to hire an aide to care for her and make her own meals. The daughter hinted at needing more money for home improvements and the mother "was forced to stay in my dingy room and never to speak or associate." She now lives in a Catholic boarding house where the food is poor. She goes hungry and never sees her children.

—The writer was hired by a niece and nephew to live in with their 85-year-old aunt in California, who had no other relatives. Initially, the nephew had his name on the aunt's bank account. There was constant bickering over the money in the account. The aunt would hide money all over the house and yard in fear of not being able to get her own money from her nephew. The aunt then decided to go to the bank, remove his name and put the niece's name on the account. The niece, who lived some distance away, took the checkbook and wrote checks for expenses that the aunt never incurred. It was later learned that the niece was an alcoholic. These relatives bicker and fight over the woman's money, and badger and brainwash the victim. She suffers from memory loss and lives in constant fear.

—An elderly widow from Maryland tells of her personal sacrifices in giving her daughter an education through college and medical school. After the daughter became a doctor and specialized, she and a male companion closed three bank accounts and took other valuables of her mother's and left the mother penniless. Her home was foreclosed. The daughter abuses the mother psychologically, plays "Gaslight" with her, and once tried to hit her with a chain. Because the daughter is a medical doctor, it is difficult for the mother to get authorities to believe the story and to get help.

—A 73-year-old Louisiana man married a woman of 50 who coaxed him into signing over his house and truck to her. She eventually got power of attorney over him and then took over his Railroad Retirement and Social Security checks for herself.

[4] "Elder Abuse: An Examination of a Hidden Problem," Op. Cit., pp. 13-14.

Although she ate well, she fed him poorly. He shrunk to a mere 117 pounds. When she was drunk, the wife beat the elderly man with his walking cane for having spilled a glass of water, sending him to the hospital. Unfortunately her cousin is the sheriff of their town, so no action was taken; nor did the Health and Human Resources Department file charges against her after interviewing him. The elderly man's daughter has filed suit for his home and truck, but with no luck to date. The wife has also filed suit against the man—according to the daughter in hopes of clearing the title on the house so that she might sell it.

—A heartbroken 88-year-old grandmother from New York trusted her most beloved grandson with everything she owned. She is now destitute because the grandson has taken everything she entrusted to his care. Up to this point the elderly woman had never needed or accepted outside financial help and now she feels hurt and embarrassed that this is her only means of survival at her age.

—A concerned citizen reported a granddaughter who has a good income but is using her grandmother's social security check for personal pleasure. The grandmother has been taking sitting jobs to have money. Her rent and phone are unpaid. The phone has been disconnected. The older woman is afraid to report this to authorities.

—The family of a 90-year-old Minnesota woman expressed concern about the quit claim deed transfer of her property to her son. The legal papers were signed and notarized in September of 1983 by a lawyer for approximately $1,000. The property was sold by this son on a contract deed in October, 1984, with all proceeds in his name. The backdating of the deed was to the son's advantage and was deliberate. At the time of the transaction the mother was in a nursing home.

—An elderly couple was talked into allowing a woman to have power of attorney over them in return for moving into their home as their caregiver. In time, she herded them into a garage room while she lived in their home, and finally to a rest home where she did not allow them to take their clothing. The woman stripped them of their home, car, and assets, estimated at $100,000. When the elderly man recently died, she buried him in "the cheapest casket money can buy."

—An 83-year-old Florida woman with physical problems such as Parkinson's disease, poor vision and poor hearing feared the loss of ability to manage her affairs. She gave her lawyer power of attorney to manage her finances. This lawyer skillfully stole thousands of dollars of hers through the sale of stocks and properties. The legal maneuvers appeared to be within the law, but were not. The dishonest lawyer has been reported to the Florida and New Jersey Bar Associations by the victim's sister.

—In Virginia, the son of an elderly woman held a gun to her head after she was released from the hospital, because she refused to give him her monthly government check. The woman suffered from diabetes but was unable to get proper medication because the son spent all the money, supposedly on drugs for

his own use. The home she loved so dearly was filled day and night with her son's friends, most of whom were out of work and high on drugs.

—An elderly woman was hit by a car and befriended by a man who was anxious that the client be compensated for her injuries and discomfort, even though the client insisted that she was not hurt. This "friend," who identified himself as an Equal Employment Opportunity Commission Specialist, proceeded to take the woman to medical appointments for the alleged injury. During that period, the exploiter charged the woman for medical services, dinner, transportation, etc. The exploiter had access to the woman's savings account and the amount withdrawn during the woman's disoreintation still has not been determined.

—An ailing Florida man was swindled out of a 40-acre orange grove by a nephew whom he trusted. The nephew fed him liquor with his medications, then threatened him physically until he signed certain forms The old man had only his Social Security pension left. "I guess I signed too many papers," he said. "I still fear for my life."

Psychological Abuse

"In addition to being abused physically and financially, the elderly can also suffer emotional or psychological abuse at the hands of their relatives. At one end of the spectrum, psychological abuse includes simple name calling and verbal assaults. At the other end, it is a protracted and systematic effort to dehumanize the elderly, sometimes with the goal of driving a person to insanity or suicide. There are few things more pernicious in life than the constant threat by caretakers to throw the elderly into the street or have them committed to mental institutions. The most common weapon used in this warfare is the threat of nursing home placement. This kind of activity is associated more with concentration camps than with private homes where the elderly reside. However, several examples of these almost unspeakable offenses have come to the attention of the Subcommittee. By definition, psychological abuse usually exists in combination with one or more other abuses." [5]

—An official in Massachusetts tells of a woman whose family ostracized her. They ordered her out of the kitchen when the rest of the family ate. They instructed her to stay in her bedroom and not associate with the family. They told her she was not wanted. She ended up in tears on the steps of a church. A police officer eventually brought her to a city shelter.

—An elderly woman in Oregon was forbidden by her daughter-in-law from seeing her three grandchildren, although they lived less than 2 miles away. She overheard telephone conversations in which the daughter-in-law told one of the grandchildren "Grandma is crazy" and "Grandma hates you. She never wants to see you again."

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[5] "Elder Abuse: An Examination of a Hidden Problem, ,Op. Act., p. 24.

Sexual Abuse

"Sexual abuse of the elderly by their relatives is a gruesome subject. It needs no further definition and a few examples are sufficient to make the point." [6]

—An elderly woman with cerebral palsy related her experiences in five different nursing homes in which she lived. She was forced to take care of her own personal needs such as bath, shampoo, etc., even though it would take her hours to do so. She was abused sexually by her doctor. At this time her speech was so severely impaired that she could not relate this experience to nurses. She was also suffering from embarrassment and great mental anguish.

—A 65-year-old California woman had an unruly son who was discharged from the Army and came to live with her. He confiscated her benefit checks and threw away her medications for arthritis and pain. He demanded sexual gratification on repeated occasions and kept her in submission by threatening to throw her out in the street if she made his practices known.

Violation of Rights

"All Americans, whether young or old, rich or poor, well or sick, are invested with certain inalienable rights by the United States Constitution. In addition, further rights are conferred by Federal statutes and the interpretation of them (and the Constitution) by Federal Courts. In addition, there are other rights which have been granted to citizens by their respective States through their legislatures and preserved through their courts.

"This section of this report sets forth only a few of those enumerated rights along with examples of how these rights have been breached or vitiated by family members who are placed in the position of providing care and assistance to their elders." [7]

1. THE RIGHT TO PERSONAL LIBERTY

The right to move freely, the right not to be imprisoned in one's home, the right to be free from physical restraints, are at the very essence of American democracy. However, the Subcommittee has learned of numerous examples of older Americans being held captive against their will, virtual prisoners in their own homes. There have also been numerous cases of individuals who have been restrained with ropes and wire, tied to their beds as well as locked in their rooms or homes:

—A daughter wrote in from California regarding treatment her aged mother received in a convalescent hospital. The hospital personnel would tie her mother in a chair and leave her in a crowded room for long periods of time. No attempt was made to treat a bad eye infection. Her mother was beaten up while a patient. When questioned by the daughter, the head nurse said, "We really don't know what happened." The administrator acted unconcerned and took no action. The patient was

[6] "Elder Abuse: An Examination of a Hidden Problem," Op. Cit., p. 13.
[7] "Elder Abuse: An Examination of a Hidden Problem," Op. Cit., p. 27.

burned and had to enter the acute hospital and had pneumonia three times. The doctor in the hospital reported that her arm had been fractured near the shoulder. The daughter feels sure this resulted from the beating she suffered at the convalescent home. Pictures were available to prove some of the horrible incidents that take place in such institutions. Authorities showed no interest in the photos.

—Another California case involved a middle-aged man and his sister, who were arrested for holding their 90-year-old aunt a prisoner for four years in a metal shed behind their house. The neighbors ignored her cries for help because the sister said she was crazy.

2. THE RIGHT TO ADEQUATE AND APPROPRIATE MEDICAL TREATMENT

The right to prompt quality medical care and the right to some participation in medical decisions are no less basic to Americans. The Subcommittee has learned of numerous examples where the elderly have been deprived of medical care by relatives who did not want to deplete the senior's assets, spend money of their own or lose the use of the senior's income. The case histories throughout this section confirm the hypothesis that a great number of America's seniors are not receiving the medical care they need. For example:

—A letter from Pennsylvania tells of an elderly, helpless woman who was put in a tub of scalding water and never checked on, even though she screamed and was severely burned. After being removed from the tub, the woman was wrapped in sheets to conceal the burns and was never given treatment. She died from the burns.

—The aged father of the writer died of dehydration and malnutrition while a patient in the custody and care of a nursing home in Louisiana. Apparently the nurses ignored and neglected to provide care for basic hygiene and subsistence. The patient was removed twice from the nursing home in 1984 and 1985 for the conditions described. There are medical records at the hospital to attest to the cause of death.

—An elderly patient in a Texas nursing home bled to death due to neglect. The helpless woman fell out of bed; she lay for hours in a pool of blood until a sitter for another patient heard her crying and ran to the lounge, where the nurses were drinking coffee. Two attendants came, lifted the patient back into bed, mopped the blood from the floor, left the room and did not check again until 8:00 a.m. the following morning. At 8:15 a.m. the woman, dead, was moved across the street to the hospital where the doctor obliged the nursing home manager by signing papers, "cause of death, 'heart attack'."

—In Arizona, a tiny elderly female patient with severe swallowing difficulties choked to death while being fed. An attendant held plastic over her nose and mouth to force her to swallow. The attempts to revive her were not discussed and a nurse covered for the attendant.

—One ranking nurse with ten years' experience tied a patient in a wheelchair and pushed her into a dark room for punishment.

She also, on occasion, slapped a patient, squeezed a woman's mouth to force her to take medicine, and performed other objectionable acts. This is the highest paid nurse on the staff—she earns $8 per hour. The authorities appear to approve of her rough treatment of certain patients, and ignore reports of mistreatment in those cases. The woman writing of the mistreatment does not press charges for fear of losing her job.

—An 84-year-old woman from Washington, D.C., terminally ill of cancer, was denied proper medical attention by her grandson because he didn't want to "dissipate" her income and property on hospital and doctors' bills.

3. THE RIGHT NOT TO HAVE ONE'S PROPERTY TAKEN WITHOUT DUE PROCESS OF LAW

The Aging Committee files are filled with examples of relatives who have taken the property of the elderly and converted it to their own use. Sometimes this has been accomplished by force or through the use of weapons. In other instances, it has been accomplished by stealth, through deceit and fraud. As the subsection on financial abuse indicates, the elderly are all too often easy victims of schemes to deprive them of their property. For example:

—The niece of an elderly Missouri woman writes that, while in a nursing home, her aunt "had bruises of one kind or another most of the time." Family members would bring her new bedwear and clothing, which nursing home employees would then confiscate, leaving her only "an old institutional gown and paper slippers." Employees stole clothing from other patients as well. The niece claims that after her aunt was no longer able to feed herself, no one would take the time to feed her, adding to her regression and, most likely, to her death.

—Oklahoma officials reported a case where the title to a woman's home had been turned over to her son, an attorney, apparently without the woman's knowledge or permission. Caseworkers were unable to restore title of the home because of the unavailability of legal assistance.

4. THE RIGHT TO FREEDOM OF ASSEMBLY, SPEECH, AND RELIGION

These protections specifically enumerated in the Bill of Rights have also been abridged and vitiated. Older Americans in many instances have been prevented from communicating with neighbors or friends. They have been prevented from having others in their home. In several instances, they have been denied access to the telephone and not allowed to receive mail unopened. In a number of cases reported, the elderly have been afraid to speak in front of their caretakers. No specific cases were received relating to breaching the right to practice religion. However, it is likely that this right has been abridged by some relatives of some senior citizens somewhere in America. The following is an example of the abrogation of this particular right:

—A frail elderly couple in Maryland reared a grandson, now 36 years old, who has a bachelor's degree but has never been employed. This grandson, who lives at the expense of his grandparents, forbids other relatives to visit them. Because he is

physcally more powerful than the elderly couple, they abide by his wishes.

5. THE RIGHT TO FREEDOM FROM FORCED LABOR

The United States Supreme Court has upheld this right and yet many older Americans, as can be seen from the following example, have been forced to work to support indolent sons and daughters who collect the paychecks received by many of the elderly.

—Caseworkers told the Subcommittee about a 67-year-old widow who was regularly beaten by her 35-year-old son. The widow was forced to turn all her property and assets over to the son who stopped working. When the income and money from property had been exhausted, the two subsisted on her $80-a-month social security check. The widow did some babysitting to supplement this income.

6. THE RIGHT TO FREEDOM FROM SEXUAL ABUSE

As noted above, some seniors are not free from sexual abuse by their relatives and in-laws. In some cases, such abuse is carried out by force, sometimes through the use of weapons. For example:

—A 74-year-old woman in New Jersey was beaten and raped by her son-in-law. The woman's daughter demanded that her mother keep silent about it. "I'm warning you," she said. "You won't have a home to sleep in if you say anything about this."

7. THE RIGHT TO FREEDOM FROM VERBAL ABUSE

Many senior citizens are being verbally abused on a daily basis by their relatives. The seniors often feel that they have little choice but to put up with such abuse. They believe that they are powerless to stop it and should they try, it would mean that care or food would be denied to them or that they would be forced out into the street or into a nursing home. For example:

—A bereaved husband of a Virginia woman relates that his 78-year-old wife required nursing home care after suffering a paralytic stroke. She was often left poorly positioned on a bedpan for long periods of time. When bedpan accidents requiring linen changes occurred, she was cursed and handled roughly by the nurses. The husband was allowed to feed his wife breakfast and dinner but not lunch. The reason given—"to instill self-confidence." She could not feed herself and went hungry at noon. Her weight dropped from 130 to 100 pounds at death. The nurse station light was turned off for coffee breaks and all calls for help were ignored for those periods.

—An older retarded man had lived with his sister for a number of years following the death of their mother. Other family members offered little assistance. The man had no formal schooling, no self-help skills, and required a good deal of time and care. There began a pattern of harsh verbal abuse and neglect by his sister, and the man became a constant runaway. The situation deteriorated to the point that the man was being physically abused by his sister.

8. THE RIGHT TO PRIVACY

The U.S. Constitution and related laws recognize a right of all citizens to a certain sphere of privacy. Unfortunately, as can be seen from the examples in the preceding pages, privacy is very often denied to the elderly by their relatives. Quite often the denial of privacy is used as a weapon in the psychological war against the elderly carried out by their caretakers. For example:

—The husband of a West Virginia nursing home patient describes the poor treatment his wife was given. He bought articles of clothing for her which he never saw again after leaving them in her room. Her $150.00 glasses were lost or taken. On one visit, he discovered her, nude to the waist, tied to a chair. He also tells of finding her in a heavily sedated state, lying in bed naked. His wife had to be transferred to a hospital. No explanation was given her by the nurses about what was being done and she was frightened and very upset. The husband feels trauma and poor treatment contributed to her death.

9. THE RIGHT TO A CLEAN, SAFE LIVING ENVIRONMENT

This right is another which is frequently breached with far-reaching consequences to the elderly. One result from the lack of clean living conditions can be illness, and another can be death. The following example is a violation of this right:

—In South Carolina, a 68-year-old woman living with her daughter was found by a caseworker in conditions of unspeakable squalor. The woman was kept in an unheated portion of the house where the temperature was measured at less than 20 degrees. When found, the woman had eight soiled blankets over her head to keep her warm and the urine from her catheter was frozen. She was also found to be malnourished. She developed pneumonia and was hospitalized.

10. THE RIGHT NOT TO BE DECLARED INCOMPETENT AND COMMITTED TO A MENTAL INSTITUTION WITHOUT DUE PROCESS OF LAW

State laws which allow family members to commit their elderly relatives vary widely. In some States, it is a fairly easy matter to effect such commitments; in others, it is more difficult. As noted, some elderly people are adjudged incompetent upon affidavits from family members who have their own motives, usually related to obtaining possession of the financial resources of the aged person. For example:

—A 74-year-old Florida woman claims to have been taken to a mental hospital in the middle of the night, and committed without the examination of two doctors. Her daughter and a psychiatrist she claims never examined or questioned her signed the commitment papers. Her home was then sold.

11. THE RIGHT TO COMPLAIN AND SEEK REDRESS OF GRIEVANCES

Case histories received by the Subcommittee show that oftentimes seniors are not allowed to complain or to seek redress of their grievances from other agencies. Attempts to do so have been

met with threats of violence or with reprisals of all kinds, including further loss of rights and privileges. For example:

—A concerned daughter of a Massachusetts woman chronicles her abuse by a series of health care providers, in particular during her stay at a county hospital for the elderly. The mother was repeatedly ignored after complaining of a sore throat, lack of heat in her room, etc., and was threatened with being discharged if she opened her mouth. She was often dehydrated, malnourished, contaminated, kept in a freezing room, left without her oxygen supply turned on, and allowed to lay in sheets wet or dirtied by her feces. She had been yelled at and even been slapped by nurses. When her children would visit her in this hospital and report problems with the mother's care, they were accused of interfering and told to take their mother to a private nursing home. Hospital administrators claimed that "there was no problem," and continually instructed the family "not to talk to anybody"—not nurses, doctors, or other patients and their families.

—Twice when the mother was seriously ill, including once with a stroke, the doctors called the daughter, asking, "What shall we do with her?," leaving the family to phone for an ambulance to remove her to an emergency care facility. The second incidence of this incompetence occurred the night before the mother's death. The windows to her room were purposely left open to cold, and the apparent beating on the face by a nurse contributed to her death.

12. THE RIGHT TO VOTE AND EXERCISE ALL THE RIGHTS OF CITIZENS

As can be seen in cases sent to the Subcommittee, these rights are not always protected. Senior Americans, under the domination of their younger relatives and caretakers, all too often find they are on the outside of the American participatory democracy. It is obvious from the aforementioned cases that the rights of the elderly are often abridged by their own relatives.

13. THE RIGHT TO BE TREATED WITH COURTESY, DIGNITY, AND RESPECT

It goes without saying from all the above that far too many elderly are not being protected in this basic right. For example:

—25 elderly, deinstitutionalized residents of a licensed home for adults were removed from the home after it was learned that a cattle prod was being used to punish residents and to motivate them to work.

—An elderly man in his own home was found with a wash cloth pushed up his rectum. His caretaker had used this method to protect the sheets.

Self Neglect

It should be no surprise to most people to learn that many older Americans neglect their personal needs or that they sometimes abuse themselves. Generally, neglect is a function of diminished physical or mental ability. Self abuse can sometimes be associated with senility or other forms of mental disability brought on by old

age. Self abuse and self neglect are also brought on in some cases by external forces which cause a conscious or unconscious indifference to one's personal welfare and well being. In the extreme, such cases may end in suicide; it is not a secret that suicide rates are very high among the aged in American society.

Within the context of this report, self neglect is considered to the extent that such neglect is brought on or exacerbated by the actions of relatives and their attitudes towards their loved ones. Most of the cases received by the Committee involved older people living alone and abandoned by their families. In old age, the social distances between them and their friends and loved ones have grown wider. According to experts such as Dr. Robert Butler, Mt. Sinai Medical Center, New York City, and Dr. Carl Eisendorfer of the University of Washington, loneliness, despair, and rejection by one's loved ones can often give rise to feelings of worthlessness and serve to snuff out the will to live.

Two cases are provided below to illustrate this point:

—A 67-year-old Texas woman was reported to be lying in her bed hemorrhaging profusely and in severe pain. She had refused medical assistance because she had no income or insurance. Family members and friends had been unsuccessful in convincing her to enter a hospital, even though "free services" had been arranged. Only after she was found lying on the floor unable to move did she accept hospitalization. Within a month, after other hospital admissions, an SSI application and plans for nursing home care, she died in a hospital.

—An elderly woman who lived alone in squalid conditions was diagnosed as having senile dementia. She had cardiopulmonary insufficiencies that caused severe edema of feet and legs. Her condition deteriorated to the point that her legs were leaking body fluids and had developed ulcers, upon which rats and roaches had started to feed. Although her condition was life-threatening, she repeatedly refused hospitalization that her doctor recommended. Although a protective service worker obtained court-ordered medical services, the woman died within 36 hours of hospitalization.

It should be clear from the aforementioned examples that abuse of the elderly is far from a localized, isolated problem. The Subcommittee received case histories from every State. These cases are meant to be illustrative. They are not necessarily the most repugnant.

What follows in Section II is an attempt by the Subcommittee to detail some of the theories which prevail as to why the children, relatives and those entrusted with the care of older Americans turn to abuse as a means for relating to their aged dependents.

SECTION II

THEORIES FOR WHY ABUSE OCCURS

As is the case with most social problems, it is difficult to determine the specific cause or causes of elder abuse, particularly, with the limited knowledge base that now exists. Most experts do appear to believe, however, that a major precipitating factor is family stress. Meeting the daily needs of a frail, dependent elderly relative may be an intolerable burden for family members. The resulting frustration may sometimes be expressed in violent behavior.

Americans live in a violent society. In *Behind Closed Doors*,[1] a landmark book on family violence, it was noted that the first national study of violence in American homes estimated that every other house in America is the scene of family violence at least once a year. Author Richard Gelles states:

> We have always known that America is a violent society . . . What is new and surprising is that the American family and the American home are perhaps as or more violent than any other single American institution or setting (with the exception of the military, and only then in time of war). Americans run the greatest risk of assault, physical injury, and even murder in their own homes by members of their own families.

That family violence occurs, in whatever form—child battering, wife beating, or elder abuse—is so shocking and repulsive that many are reluctant to believe it or understand what brings such behavior to pass. No one theory provides the entire explanation for the cause of family violence. Experts generally agree, however, that any one or a combination of the following factors may explain why our elders are abused by their loved ones.

A corollary to the question, "Why does elder abuse occur?" is "What sort of victim of elder abuse is likely to *report* the incident?" As has been noted, elder abuse, which runs so contrary to American society's norm for family behavior, is one of the least frequently reported crimes. Recent studies suggest that the type of abused individual most likely to seek assistance is one who has grown up in a benign, stable family setting, and who recognizes elder abuse as the aberration it is. Persons who have grown up in hostile families, where violence and conflict are the norm, are much less likely to view elder abuse as anything requiring a report to authorities.

The dominant theories for elder abuse are described in brief below:

Retaliation.—Some experts surmise that elder abuse is a form of retaliation or revenge in which the abuser was mistreated as a child and returns to abuse their parent.

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[1] Richard J. Gelles, Murray A. Strauss, Suzanne K. Steinmetz, *Behind Closed Doors: Violence in the American Family*. Garden City, New York: Anchor Press, Doubleday, 1980.

There are often unresolved conflicts between the generations. Some adult children appear almost castrated emotionally from a history of abuse by the parent. Their reaction is to strike back. This may be exacerbated if the elderly parent continues to bait his or her vulnerable child. The response is violent aggression.

Violence as a Way of Life.—Another rationale for elder abuse is the widespread acceptance of violence in American society. In the views of many, it is acceptable in this country to express frustration and stress in violent ways. In some families, patterns of violence exist from generation to generation, as a normal response to stress. Also, unresolved conflict, from childhood to mid-life, can cause an elderly relative to become a burden carried with great stress and ambivalence, which increases the risk of abuse.

Lack of Close Family Ties.—In families where there is little or no closeness of a relationship between the adult children and their parents, a sudden appearance of a dependent elderly parent can precipitate stress and frustration without the love and friendship necessary to counteract the new responsibilities of adult children. Having lived independently for a large part of their lives, often at a great distance, emotionally or geographically, from their children, elderly persons who reunite with their offspring may be resented as intruders. Abuse often follows.

Lack of Financial Resources.—"Under such circumstances as lack of money and the stress of dealing with a dependent older person, normal people often lash out against their elders", stated Dr. Suzanne Steinmetz of the University of Delaware. The pressure and frustrations of family and financial problems is often cited by experts as a factor which drives many family members to abusive behavior.

Many families caring for elderly parents or grandparents live on either fixed incomes or strict budgets during these challenging economic times, with inflation, high unemployment and soaring fuel costs. Also, the increasing medical costs associated with the care of an older family member can often go beyond the depleted savings of the elderly parent and the penny-pinched resources of his or her children. The stresses associated with insufficient income, combined with the inherent stress of providing daily care for an individual who requires a considerable amount of assistance with daily living tasks, can often become overwhelming and precipitate physical abuse and neglect.

Adding to an already tense financial situation is the fact that women, the primary caregivers in families, are increasingly entering the workforce. Should this daughter or daughter-in-law quit her job and stay home to care for her elderly parent, thus losing her sense of freedom, independence, as well as financial reward, or should she stay at home to care full-time for the dependent parent? The dilemma is that she will be financially strapped either way. If she works, she must find someone else to care for the parent during the day, and if she does not work, she loses the additional income needed by the family for basic necessities as well as the increased medical bills for the care of the elderly parent.

Unfortunately, this overtaxing of a family's resources is sometimes exacerbated by Federal and State government policies that limit or reduce benefits and services to elderly people when they

live with their families. For example, the Federal Supplemental Security Income (SSI) program provides a minimum income floor to low-income aged, blind and disabled individuals. However, when an eligible individual is living in the household of another individual and receiving support or in-kind maintenance from that person, the monthly SSI benefit is reduced by one third. Another example is the Medicare program, the Federal health insurance program for persons over the age of 65. The Medicare program provides home health services, but they are contingent on numerous requirements and do not cover the ongoing non-medical care and services that a dependent elderly person often needs to assist him or her to remain at home.

On the other hand, Medicaid, a Federal-State matching program that provides medical assistance for certain low-income persons, including the elderly, is structured to extensively subsidize nursing home care but offers less assistance to elderly individuals who wish to remain in their own homes.

Resentment of Dependency.—Caring for a frail elderly parent, who requires a considerable amount of assistance, can be a very draining experience. Often the caregiver can become overwhelmed with the infringement this places on his/her own time. A child can feel trapped by the burden of caregiving at a time of anticipated independence from child rearing. This can lead to frustration, anger and resentment, precipitating some form of abuse.

Increased Life Expectancy.—Associated with dependency is the dramatic increase in life expectancy, with more people reaching age 75 and over than ever before in history. Recent studies reveal that the "old-old" group, those over 85 years of age, is the fastest growing segment of the population in this country. This means the dependency period of old age has been extended, leaving caretakers to provide extensive home care for a longer length of time. Because the fertility rate has dropped considerably, it also means that there will be fewer middle-aged adult children to care for their elderly parents and grandparents.

History of Personal or Mental Problems.—In families where the adult child has a history of personal or pathological problems, a potential for abuse exists. In numerous cases reviewed by the Subcommittee, mentally impaired children were responsible for abusing their parents. Family members appear to become the objects of such abusive behavior because of their proximity to the abuser. Some crisis will set off the abuser, who strikes out at the nearest person or object.

Unemployment.—Unemployment is a major stress-producing experience for most individuals. It is even more stress-producing if it occurs at middle age. Experts observe that intra-family violence occurs much more frequently when the major income-producing member (generally the adult-male-husband) is unemployed. This theory has proven to be true in many cases of spouse and child abuse and appears to be a significant problem triggering elder abuse.

History of Alcohol and Drug Abuse Problems.—The Subcommittee found many instances of abuse in which the abuser was experiencing substance abuse problems. Consistent consumption of alcohol and drugs is readily identifiable as contributing to family vio-

lence. Because alcohol acts as a depressant, the effect seems to depress aggression inhibition systems, thus making aggressive behavior much more likely.

Environmental Conditions.—Certain environmental factors can precipitate stress, which may then lead to neglectful or abusive behavior of family members, especially the frail elderly person forced to seek assistance in the basic tasks of daily living. Quality of housing, unemployment, intra-family conflict, alcohol and drug abuse, neighborhood and crowded living conditions can by themselves or in combination with other factors encourage mistreatment of a dependent elderly person.

SUMMARY

As noted previously, several of these factors may be present, and the combination is likely to precipitate abuse of the elderly. In a number of other cases, abusive behavior toward the aged is inexplicable. Because so little is known about elder abuse compared with child abuse, it is likely that social scientists will discern still other factors when the subject is studied in detail.

SECTION III

SURVEY OF THE STATE HUMAN SERVICES DEPARTMENTS

The States have the primary responsibility for protecting the rights of all their citizens, young and old alike. One finds, following a review of the literature, that all States have active programs underway to protect the rights of juveniles. It is interesting to note that the majority of States enacted effective child protective services laws and statutes following enactment of the Child Abuse Prevention and Treatment Act of 1974, which provided incentives to the States to enact such statutes designating a specific state agency as responsible for identifying, treating, and preventing child abuse—as well as a national Clearinghouse on Child Abuse to serve as a central collection agency on the incidence and research related to child abuse. However, it is clear that States have come to recognize that abuse does occur at the other end of the age spectrum and have begun to act accordingly.

In order to learn to what extent the States have acted with respect to this serious social problem, Congressman Claude Pepper, Chairman of the Subcommittee on Health and Long-Term Care of the House Select Committee on Aging, directed a national field survey in March of 1985 (the text of this questionnaire can be found in Appendix I of this report) to all State Human Services Departments. As Table I indicates, 46 States plus the District of Columbia reported that their Department did have an office responsible for providing adult protective services and assisting abused elders.

This section summarizes the responses received from the States. Even though the data are less than comprehensive, what emerges is a national picture of a desperate problem that has only recently come to the attention of the American public. The results of the survey reinforced the Subcommittee's suspicions that elder abuse has increased since 1981 and that swift and determined action must be taken to deal with this national problem.

OVERVIEW

The Subcommittee believes that one would benefit from some of the comments made by State officials entrusted with the responsiblity for responding to the Subcommittee's questionnaire.

The Subcommittee surveyed various State agencies who play a role in the elder abuse problem. Some of the more pertinent comments on selectd agency policies and activities are as follows:

Alaska has been involved in a public education campaign concerning the elder abuse problem. Alaska officials suspect more incidents of elder abuse occur than are reported, even though their Elder Abuse Act which passed September 28, 1983 requires that

the Division of Family and Youth Services be notified of such cases. It was pointed out that vicitms in non-reported cases would be useful in justifying additional funds in State budgets for Family and Youth Services.

Indiana has very new legislation regarding protection for endangered adults and a service system was in place prior to enactment of this law.

Louisiana law requires mandatory reporting to their Department of Health and Human Resources of suspected cases of abuse or neglect of adults who cannot physically or mentally protect themselves. The Department of Health and Human Resources will investigate these reports and will arrange for whatever care, health services, etc. are needed to insure the safety and welfare of the endangered adults.

Massachusetts operates an Elder Protective Services Program. Certain professionals within the State are mandated by law to report cases of suspected elder abuse. It is the intent of the State to monitor and evaluate the program so that a strong, responsive and reliable system will be in place to serve abused and neglected elders.

It is a matter of public policy in *Minnesota* to protect adults who are vulnerable to abuse or neglect due to physical or mental disability. The protection includes providing safe institutional or residential services or living envrironments for abused or neglected adults. Reports of adult abuse or neglect are investigated by the State and appropriate action is taken based on the findings.

Mississippi does not have an adult protective services law except for individuals who reside in personal care homes. However, efforts are being made to obtain such legislation.

Missouri operates telephone hotlines for the purpose of receiving elder abuse complaints. In FY 84, 9,310 calls were received. Follow-up investigations are conducted and appropriate services are provided including counseling, protective services and alternative living arrangements.

Nebraska reported that the number of elder abuse cases received in 1984 totaled over 1,000 (compared with 50 in 1980). The complexity of the Nebraska cases has also changed between 1980 and 1984. In 1980, 75 percent of their cases involved a self-abuse situation. In 1984, 56 percent of the cases were self-abuse problems while 44 percent involved relatives, friends, caregivers and other outsiders.

In *New Hampshire*, reports of elder abuse are received by adult services social workers in 12 district offices throughout the State. Frail and incapacitated elderly individuals are recognized as particularly vulnerable to abuse, neglect and exploitation at the hands of family members, caretakers and other individuals.

While *New Jersey* does not have legislation establishing statewide adult protective services, the Department of Human Services operated four programs in 1984 and is initiating two research projects to help assess need and plan service delivery. Additional programs are planned for 1985.

Oklahoma has had adult protective services legislation since 1977. It has been amended several times and currently insures that any incapacitated person over 18 is protected.

Adult protective services in *Texas* is a program within the Services to the Aged and Disabled. Texas has had a mandatory reporting law since 1981 and it was amended in 1983 to include disabled adults. Over 2,000 cases involving adult protective services are handled each month and over 800 investigations of new reports are conducted monthly.

Vermont reports that the majority of its elder abuse cases concern individuals who do not reside in faciiities. The cases normally involve minor physical abuse, spouse abuse and neglect. A few instances of exploitation have also been reported.

Wisconsin has two laws which deal with elder abuse. The Adult Protective Services law focuses on the wide range of adult protective service needs, including those suffering from the infirmities of aging. The elder abuse law specifically targets persons over 60 years of age. The State Office on Aging has the responsibility for planning and assisting the counties in their elder abuse efforts, but provides no actual services. County social service agencies are the service providers. However, no money is earmarked directly for elder abuse and each county can utilize its community aid funds at its own discretion in this area.

As noted, the primary tone of the responses from the States was positive. All agree that elder abuse is a problem of major concern and dimensions.

The following section describes the States specific responses to the Subcommittee's questionnaire.

Budget and Resources

The first section of the Subcommittee questionnaire was an effort to elicit from the State Department of Human Resources information on the amount of funds allocated for protective services, child protective services, and elderly protective services.

Question 1 in this section asked the States what their total budget for all protective services was in 1984. Table II displays the States responses to this question. The average State budget in 1984 was approximately $26 million. California reported spending the most at $273 million, with New Jersey and Texas next with $101 and $98 million respectively. Connecticut reported spending the least with a total protective services budget of $457,000 followed by Utah with $868,000.

The second question in this section asked the States what portion of their total 1984 protective services budget went towards protective services for the elderly. Table 2 also contains the States responses to this question. The average State budget for elderly protective services in 1984 was approximately $1.3 million. There was great variation among the States. Elderly protective services budgets ranged from a high of $8.8 million in New York, to a low of $14,000 in Utah. Two States indicated that no moneys were specifically earmaked for the provision of protective services to persons over 65.

A third question in this section asked the States to provide their budget for child protective services in 1984. Table II, which displays these States budgets, confirms that the States are spending the majority of their protective services monies for children. A quick glance at this table reveals, for example, that of Florida's total budget for protective services, $29 million went towards child protective services, while only $1.9 million went towards elderly protective services. The average State spent some $24.5 million for child protective services with California leading the States in spending $207 million.

The Subcommittee felt it important to know what these budget figures translated to in terms of individual elderly Americans. To do this, a per capita expenditure was calculated by dividing each State's total budget for elderly protective services by the number of State residents ove the age of 65. The results of this calculation are displayed in Table III.

As Table III reveals, the States are spending very little per elderly person for protective services. On average, each State in 1984 spent only $2.91 per older person for the provision of elderly protective services. This ranged from a high of $12.71 in Idaho, to a low of 11 cents in Utah. Nine States spent less than $1 for every elderly resident while 18, or roughly half the States responding, spent less than $2 per elderly person for the provision of elderly protective servcies.

The Subcommittee was also interested in learning how these figures compared to what States are spending per child for child protective services. The figures, displayed in Table III, indicate that while the amounts are still quite modest, States are spending considerably more per child for child protective services than for each elderly person for elderly protective services. On average, each State in 1984 spent $22.14 per child resident for child protective services. On average, each State in 1984 spent $22.14 per child resident for child protective services, nearly 10 times the comparable average for the elderly. Expenditures ranged from a high of $139.67 in Alabama to a low of $1.12 in Michigan. Some 16 States therefore reported spending less per captia for elderly protective services than the lowest ranking State in per capita child protective services expenditures.

Abuses

The second part of the Subcommittee's questionnaire was an effort to collect data on the number of elder abuse cases reported to the States in the past year, to determine whether the incidence of elder abuse is increasing and to quantify the kinds of elder abuse by type, perpetrator and victim.

The first question in this section asked the States to report the number of adult abuse cases that came to their attention in 1984. Over two thirds of the States responded with Pennsylvania and Texas reporting the largest number of such cases with approximately 11,000 and 8,000 respectively.

The second question in this section asked the States to estimate the percentage of these adult abuse cases which where perpetrated against the elderly. Again, over two thirds of the States responded.

The average estimate of these States is that some 82 percent of all adult abuse cases involve elderly victims. This represents a significant increase in the States 1980 estimates that roughly 60 percent of these cases involved senior citizens. (See Table IV.)

Another question in this section, asked the States to identify the types of abuse perpetrated against the elderly in cases that had come to their attention. Every State responding indicated that they had received recent cases of physical abuse. All of these States had also encountered cases of psychological abuse of older persons. All but one State, Minnesota, reported having received complaints of material or financial abuse and violation of personal rights involving elderly victims. A number of States reported other types of elder abuse including self neglect, sexual abuse and assault. (See Table V.)

In this section of the Subcommittee questionnaire, the States were also asked if they were of the belief that a significant percentage of all elder abuse cases go unreported each year. Every State with the exception of Kansas answered in the affirmative. (See Table VI.) Another question in this section asked to estimate the number of unreported cases in 1984.

From the information provided to the Subcommittee by the States on the rate of elder abuse cases reported and unreported annually, an estimate of the annual incidence of elder abuse nationally was derived. To draw this estimate the Subcommittee chose the 10 States which provided the most complete data on the incidence of elder abuse. These States included Alabama, Colorado, Georgia, Kentucky, Michigan, Missouri, New Jersey, Pennsylvania, Tennessee and Washington, and in 1983 were home to 7.3 million individuals over the age of 65, or roughly one quarter of all senior citizens nationally.

These 10 selected States reported 53,039 actual cases of elder abuse of 1984. Additionally, they estimated that another 213,000 cases of such abuse went unreported. In other words, the States which had such data indicated that only one in five cases of elderly abuse is ever reported. However, it should be noted that this is up from one in six in 1980, and that the population of over 65-ers has grown from 25 million in 1980 to almost 28 million today.

Even these data, clear and straightforward as they seem, have their limitations. A number of the States responding were not clear as to whether cases they reported included multiple instances of abuse perpetrated against one elderly person. It was also not clear from the data whether some States counted the reporting of abusive acts against more than one elderly person, a father and mother, for example, by one person as a single case.

With these limitations understood, the Subcommittee divided the number of reported and estimated unreported cases of elder abuse in these 10 selected States (265,039) by the number of individuals in these States over the age of 65 (7,336,000). The conclusion from this calculation is that approximately 3.6 percent of the elderly in these States may be the victims of some form of elder abuse.

Assuming these figures can be applied nationally, the problem of elder abuse has reached epidemic proportions. If one out of every 27 older Americans is the victim of some form of abuse, as the Sub-

committee's data suggest, a staggering 1.1 million plus of our Nation's elderly are falling victim each year.

It is alarming that this national disgrace shows no sign of abating. In fact, it is ever increasing. The vast majority of States told the Subcommittee that they believed the incidence of elder abuse was rising. (See Table VII.)

State Regulatory Action

The final section of the questionnaire asked the States whether their statutes require the mandatory reporting of elder abuse cases—a device so important in the identification, treatment and prevention of child abuse today. As Table VIII indicates, 37 States and the District of Columbia currently have statutes that provide for the mandatory reporting of elder abuse. Who is required to report, however, varies considerably from State to State. For example, in Alabama, only medical doctors are required to report, yet there are numerous others likely to encounter an abused elder who, in the words of a Blount County, Alabama, Protective Service Director, "should also be required to report in order to bring abused elders to appropriate avenues of assistance." For the most part, State statutes also incorporate a provision allowing anonymity for the reporter. All but three States protect the reporter from civil or criminal liability for the content of the report.

Several State officials commented that this kind of mandatory reporting law is crucial to alleviating the problem of elder abuse which involves family members who quite often keep a case from coming to the attention of authorities. The number of States with mandatory reporting laws represents a substantial increase over the 1980 level. Only 16 States had mandatory reporting provisions at that time. It is obvious that, since 1980, the States have acted quickly to ensure that their statutes were in compliance with pending Congressional legislation providing financial incentives to those States with mandatory reporting provisions.

TABLE I.—DOES YOUR DEPARTMENT HAVE AN OFFICE WHICH IS RESPONSIBLE FOR PROVIDING ADULT PROTECTIVE SERVICES AND ASSISTING ABUSED ADULTS?

	Yes	No
State:		
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Indiana		
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland		
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina	X	
North Dakota		
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia	X	
Total	46	0

TABLE II.

State	1984 protective services budget	1984 elderly protective services budget	1984 child protective services budget
Alabama	19,259,072	2,001,533	.....
Alaska	13,368,200	2,179,300	8,809,400
Arizona	1,300,000	.....	.....
Arkansas	.....	.....	29,959,600
California	273,200,000	.....	207,800,000
Colorado	19,000,000	1,950,000	16,000,000
Connecticut	457,000	.....	.....
Delaware	[1]	60,000	[1]
Florida	35,310,537	1,963,656	28,962,385
Georgia	46,609,498	2,100,000	42,475,570
Hawaii	2,900,000	100,000	2,683,218
Idaho	5,762,300	1,355,100	3,378,500
Illinois	67,209,700	270,000	65,239,700
Indiana	[1]	[1]	[1]
Iowa	3,214,000	0	3,039,000
Kansas	0	0	0
Kentucky	16,641,305	1,400,000	13,532,861
Louisiana	8,598,154	240,000	8,202,199
Maine	4,999,000	700,000	3,800,000
Maryland	[1]	[1]	[1]
Massachusetts	[1]	[1]	[1]
Michigan	16,800,000	740,000	15,400,000
Minnesota	18,660,000	2,200,000	12,800,000
Mississippi	3,970,158	160,000	3,766,863
Missouri	31,350,000	5,540,000	25,900,000
Montana	11,534,000	710,000	10,498,000
Nebraska	2,675,000	225,000	2,225,000
Nevada	5,731,720	155,372	5,576,348
New Hampshire	.....	366,839	[1]
New Jersey	101,400,000	2,100,000	99,400,000
New Mexico	[1]	[1]	[1]
New York	88,400,000	8,850,000	70,800,000
North Carolina	10,731,226	1,630,732	8,556,917
North Dakota	[1]	[1]	[1]
Ohio	28,077,323	2,945,000	23,965,171
Oklahoma	7,371,311	[1]	6,993,492
Oregon	[1]	[1]	[1]
Pennsylvania	.....	1,412,695	.....
Rhode Island	.....	106,000	2,620,000
South Carolina	9,003,768	900,000	7,439,385
South Dakota	4,341,600	560,000	3,116,000
Tennessee	18,300,000	2,300,000	14,854,200
Texas	98,741,602	2,287,984	94,267,611
Utah	868,000	14,000	848,823
Vermont	11,109,897	67,487	10,483,230
Virginia	15,323,076	2,080,000	12,345,288
Washington	8,127,133	262,000	7,737,297
West Virginia	6,645,000	300,000	6,045,000
Wisconsin	[1]	[1]	[1]
Wyoming	7,000,000	108,000	6,000,000
District of Columbia	[1]	[1]	[1]
Total	1,023,525,000	[2] 48,119,698	[3] 885,511,000
State Average	$26,934,868	$1,336,519	$24,597,528

[1] Not available
[2] 47 percent
[3] 86.5 percent

TABLE III.

State	1984 budget per elderly resident	1984 budget per child resident
Alabama	$4.22	$139.67
Alaska		57.20
Arizona	6.12	
Arkansas		46.02
California		31.72
Colorado	7.22	21.05
Connecticut		
Delaware	.95	
Florida	1.05	8.89
Georgia	3.73	26.18
Hawaii	1.12	9.45
Idaho	12.71	10.62
Illinois	.20	20.99
Indiana		
Iowa	0	3.86
Kansas	0	
Kentucky	3.24	13.03
Louisiana	.56	2.80
Maine	4.69	
Maryland		
Massachusetts		3.91
Michigan	.75	1.12
Minnesota	4.33	11.34
Mississippi	.53	4.71
Missouri	8.21	19.75
Montana	7.63	44.86
Nebraska	1.05	5.05
Nevada	1.91	24.35
New Hampshire	3.29	
New Jersey	2.27	53.15
New Mexico		
New York	3.98	16.01
North Carolina	2.44	5.34
North Dakota		
Ohio	2.35	8.24
Oklahoma		
Oregon		
Pennsylvania	.86	
Rhode Island	.78	11.54
South Carolina	2.80	8.02
South Dakota	5.81	15.27
Tennessee	4.15	11.90
Texas	1.55	20.31
Utah	.11	1.39
Vermont	1.08	74.88
Virginia	3.75	8.69
Washington	.55	6.69
West Virginia	1.19	11.19
Wisconsin		
Wyoming	2.70	37.73
District of Columbia		
State Average	2.91	22.14

TABLE IV.—WHAT PERCENTAGE OF THOSE CASES (ADULT ABUSE CASES) INVOLVED PERSONS OVER THE AGE OF 65?

	Percent over 65 in 1984	Percent over 65 in 1983
State:		
Alabama	60	
Alaska	54	
Arizona	75.5	
Arkansas		
California		
Colorado	50	50
Connecticut		
Delaware	65	60
Florida		
Georgia		60
Hawaii	76	66
Idaho		
Illinois		
Indiana		
Iowa	62	62
Kansas	28	23
Kentucky	37	36
Louisiana	64	64
Maine	65	61
Maryland		
Massachusetts	90	
Michigan	50	50
Minnesota	92	92
Mississippi		
Missouri	99	99
Montana	50	
Nebraska	50	43
Nevada	83	
New Hampshire		65
New Jersey	53	
New Mexico		
New York		
North Carolina	75	
North Dakota		
Ohio		
Oklahoma	77	69
Oregon	75	75
Pennsylvania		
Rhode Island	85	84
South Carolina	60	57
South Dakota		
Tennessee	71	67
Texas	84	72
Utah	67	59
Vermont	86	96.5
Virginia	70	70
Washington	67	61
West Virginia	50	50
Wisconsin		
Wyoming	90	90
District of Columbia		
State average 81.5	64.7	

Experts have indicated that many elderly are abused by their children, relatives, or caretakers in obvious as well as subtle ways. The following section of this questionnaire is to ask if you have ever received complaints of any of the following practices?

TABLE V.

State	Physical abuse	Psychological abuse	Material or financial abuse	Violation of rights	Other
Alabama	X	X	X	X	
Alaska	X	X	X	X	
Arizona	X	X	X	X	Neglect.
Arkansas					
California	X	X	X	X	
Colorado	X	X	X	X	Neglect.
Connecticut					
Delaware	X	X	X	X	Sexual abuse.
Florida	X	X	X	X	
Georgia	X	X	X	X	Neglect.
Hawaii	X	X	X	X	Neglect.
Idaho	X	X	X	X	
Illinois	X	X	X	X	
Indiana					
Iowa	X	X	X	X	
Kansas	X	X	X	X	
Kentucky	X	X	X	X	
Louisiana	X	X	X	X	
Maine	X	X	X	X	
Maryland					
Massachusetts	X	X	X	X	
Michigan	X	X	X	X	
Minnesota	X	X			
Mississippi					
Missouri	X	X	X	X	
Montana	X	X	X	X	
Nebraska	X	X	X	X	
Nevada	X	X	X	X	
New Hampshire	X	X	X	X	Sexual abuse.
New Jersey	X	X	X	X	
New Mexico					
New York					
North Carolina	X	X	X	X	
North Dakota					
Ohio	X	X	X	X	
Oklahoma	X	X	X	X	
Oregon	X	X	X	X	Neglect.
Pennsylvania	X	X	X	X	
Rhode Island	X	X	X	X	Sexual abuse.
South Carolina	X	X	X	X	Sexual assault.
South Dakota	X	X	X	X	
Tennessee	X	X	X	X	
Texas	X	X	X	X	Neglect.
Utah	X	X	X	X	Neglect.
Vermont	X	X	X	X	Neglect.
Virginia	X	X	X	X	

TABLE 5—Continued

	Physical abuse	Psychological abuse	Material or financial abuse	Violation of rights	Other
State:					
Washington	X	X	X	X	
West Virginia	X	X	X	X	
Wisconsin	X	X	X	X	
Wyoming	X	X	X	X	Neglect.
District of Columbia					

TABLE VI.—IS IT YOUR OPINION THAT A SIGNIFICANT NUMBER OF ELDER ABUSE CASES GO UNREPORTED?

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas		
California	X	
Colorado	X	
Connecticut		
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois	X	
Indiana	X	
Iowa	X	
Kansas		X
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland		
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico		
New York		
North Carolina	X	
North Dakota		
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia		
Total	43	1

TABLE VII.—WOULD YOU SAY THAT THE INCIDENCE OF ELDER ASUSE IS INCREASING?

	Yes	No
State:		
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas		
California	X	
Colorado		X
Connecticut		
Delaware		
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois		X
Indiana		
Iowa		X
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland		
Massachusetts	X	
Michigan		X
Minnesota	X	
Mississippi	X	
Missouri		X
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico		
New York		
North Carolina	X	
North Dakota		
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee		
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia	X	
Total	36	5

TABLE VIII.—DOES YOUR STATE HAVE A LAW REQUIRING MANDATORY REPORTING OF ELDER ABUSE?

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut		X
Delaware	X	
Florida		X
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois	X	
Indiana	X	
Iowa	X	
Kansas		X
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts		
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri		X
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico		X
New York		
North Carolina		
North Dakota	X	
Ohio		
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island		X
South Carolina	X	
South Dakota	X	
Tennessee		X
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming		X
District of Columbia		X
Total	38	9

SECTION IV

THE FEDERAL RESPONSE TO ELDER ABUSE

A. Congressional Action

State advocates of Federal involvement in the area of protective services for elders suggest that one way to encourage States to make the statutory and administrative changes would be to make Federal funding for elder abuse-related programs contingent on certain State-level requirements. The Child Abuse Prevention and Treatment Act uses this approach in distributing funds to the States for child abuse-related programs, and almost every State has come into compliance with the requirements. The proposed Prevention, Identification and Treatment of Elder Abuse Act of 1981 uses this method to encourage States to modify their elder abuse-related laws and procedures. This would be an important step in controlling unwarranted violence against the aged.

The Federal response to the problem of elder abuse has, at best, been inadequate. Congress in 1980 came very close to enacting legislation which would have provided funds for shelters to aid victims of elder abuse. Other measures have died before passage.

In 1981, Chairman Pepper introduced, with Congresswoman Mary Rose Oakar of Ohio, H.R. 769, the Prevention, Identification and Treatment of Elder Abuse Act of 1981. This bill proposed creation of a National Center on Elder Abuse under the Secretary of Health and Human Services to compile, publish and disseminate information about programs and special problems related to elder abuse, neglect, and exploitation. The bill would have provided assistance to States which provided for the reporting of known and suspected incidences of elder abuse, neglect and exploitation; provided that upon receipt of such a report an investigation would be initiated and steps taken to protect the abused, neglected or exploited adult; have in effect administrative procedures, trained personnel, institutional and other facilities, and multi-disciplinary programs and services to deal effectively with the special problems of elder abuse, neglect and exploitation; provided for the confidentiality of records; provided for the cooperation of law enforcement officials, courts and appropriate agencies providing human services, with respect to special problems of elder abuse, neglect and exploitation; provided that the least restrictive alternatives are made available to the abused, neglected or exploited and that that individual participate in decisions regarding his or her welfare.

H.R. 769 was referred to the Committees on Education and Labor, and Energy and Commerce. It enjoyed 84 cosponsors but did not pass.

In 1983 (98th Congress), Congresswoman Oakar and Chairman Pepper introduced the measure again as H.R. 3833. It too was re-

ferred to the Committees on Education and Labor, and Energy and Commerce, but failed to pass the House.

Elder abuse prevention was the subject of legislation under two bills enacted during the 98th Congress. The Child Abuse Amendments of 1984 (P.L. 98-457) contain authorization for support of demonstration grants to establish, maintain and expand programs to prevent incidents of family violence and to provide shelter and related assistance for victims and their dependents. Older persons who are victims of family violence would be served under this program. In addition, the law requires the Secretary of Health and Human Services to operate a National Clearinghouse on Family Violence Prevention. The Clearinghouse would be charged with collecting and disseminating information on family violence, including elder abuse, and provide information about sources of assistance and shelter to victims. Regrettably, no FY 1985 appropriations were made available for these provisions of the Child Abuse Amendments.

The Older Americans Act amendments of 1984 (P.L. 98-459) required Area Agencies on Aging to assess the need for elder abuse prevention services and the extent to which the need is being met within each planning and service area. In addition, the law adds a new State plan on aging requirement to govern the conduct of elder abuse prevention activities when the State Agency on Aging opts to provide such services. Under this provision, the State plan must assure that any area agency carrying out elder abuse prevention activities will conduct its program consistent with State law and be coordinated with existing State adult protective services activities. The program is to consist of public education to identify and prevent abuse; receipt of reports on incidence of abuse; outreach, conferences and referrals to other sources of assistance; and referral of complaints to law enforcement or public protective service agencies. The law further requires the Commissioner on Aging to submit a report to Congress on the extent of need for elder abuse prevention activities in 1986.

B. Departments of Justice and Health and Human Services Involvement

Correspondence with the United States Department of Justice brought a summary of P.L. 98-473, signed October 12, 1984. This included the Justice Assistance Act of 1984, the Juvenile Justice, Runaway Youth, and Missing Children's Act Amendments of 1984 and the Victims of Crime Act of 1984. The Office of Justice Programs (OJP) has the responsibility of coordinating the activities of the newly created Bureau of Justice Assistance and the Victim Compensation Program. The new legislation authorizes programs to help State and local governments improve the administration of their criminal and juvenile justice systems, provide assistance and compensation to victims of crime, conduct research in criminal and juvenile justice and compile and disseminate criminal and juvenile justice statistics.

In 1982, the President's Task Force on Victims of Crime held hearings on the special needs of elderly victims. To lessen the trauma and improve the treatment of the elderly and all victims,

the Office of Victims of Crime is working to develop and deliver training to police officers, sheriffs, judges, prosecutors and defense attorneys, etc. on victim issues and needs. Sensitivity to the particular needs of elderly crime victims will be stressed.

This office is reviewing draft model legislation which would require victim impact statements at sentencing and require restitution in all cases, except where specific exceptions are made.

The Attorney General's Task Force on Family Violence conducted six regional hearings during which hundreds of professionals with expertise in the area testified, as did victims of elder abuse. The Task Force also reviewed relevant research material and visited a number of treatment facilities programs.

The final report was submitted to the Attorney General in September 1984. A number of recommendations specifically address violence directed toward elderly family members. Additionally, the report includes recommendations urging further research to determine the most effective reporting methods and intervention techniques in cases of elder abuse. These recommendations are significant because the Task Force found a definite lack of data regarding occurrences of elder abuse, uncertainty and inconsistency in reporting requirements, and an apparent lack of intervention or treatment programs. The office will be working with other Federal, State and local agencies, professional organizations, and civic groups to assist in implementing the recommendations of the Task Force report. However, specific programs or research efforts have not yet been developed.

When this report was released on May 10, 1985, a response to a Subcommittee request to the Honorable Margaret Heckler for a statement of the Department of Health and Human Services' action in this area had not been received. Her response was received following the issue of this report and is included in its entirety in the appendix. (See p. 59.)

C. Federal Funding

What has been the Federal Government's response in allocating resources to meet this burgeoning problem of elder abuse? Since 1981, the primary source of Federal funding for protective services, the Social Services Block Grant, has been cut in real terms nearly one fifth, by direct costs and inflation. Faced with the clear need to do more, the Federal Government is doing considerably less.

SECTION V

POLICY RECOMMENDATIONS

It is apparent that a coordinated attack on several fronts is necessary if there is to be any hope of limiting the number of elder abuse cases in the future. Obviously the problem is so widespread and runs so deep it can never fully be eliminated. However, because little is being done at the present time at either the State or the Federal level, even some modest reforms can have significant and far-reaching results.

The basic recommendation of this report essentially borrows a leaf from the Aging Committee's report of 1981: that the Federal Government should assist the States in their efforts to deal with the pervasive problem of elder abuse. This need not involve tremendous new expenditure of Federal funds. For example, the Child Abuse program, after which Federal elder abuse proposals have been patterned, had a very salutary effect in encouraging the States to deal with child abuse as an expenditure in 1974, when the program first started, of $4.5 million annually, growing to $22.9 million in 1980. Moreover, it is obvious that the Federal Government can do much at no cost by removing technical impediments in the law or by reversing incentives in Federal programs such as Social Security, Supplemental Security Income, Medicare, Medicaid, and Title XX, which presently serve to break down the extended family and create the climate which fosters abuse of the elderly.

Experts and State officials almost universally agree that the provision of more social services to families who are caring for an older person is essential. They contend that more home health services, personal services such as bathing and dressing the older persons, homemaker services, home delivered meals, adult day care, and respite care (short-term total care that provides a rest for caregivers) would help lessen the family stress that can result from constantly responding to the needs of a dependent family member. To accomplish this, therefore:

—The Congress may wish to consider legislation providing meaningful tax credits for families who care for older relatives for those costs which are not covered by another Federal program. It may wish to consider tax incentives to encourage families to care for a dependent older family member in their own home, or a tax credit for those who adapt or expand their homes to accommodate a dependent person.

—The Congress may wish to amend Title III of the Older Americans Act to require the States to give priority to families with dependent elderly members when allotting access, legal and in-home services.

—The Congress may wish to consider authorizing respite care as reimbursable under the Medicare program. Payment could be authorized for a 2-week stay in a nursing home each year for senior citizens who are certified as in need of medical and nursing care, supportive services and 24-hour supervision. This would provide relief for family members who are making the effort to care for their loved ones at home.

—The Congress may wish to consider enacting legislation providing funds and directing every State to establish specific programs to protect its elderly. At present, 37 States and the District of Columbia have adult protective service laws.

—The Congress may also wish to amend Title XX to include emergency shelter for elders as a protective service. As the law is now written, protective services can include emergency shelter for children, but neither the law nor the regulations provide for emergency shelter for elders.

—The Congress may wish to amend the Medicare and Medicaid provisions to eliminate the limitations placed on benefits and services to elderly persons who live at home and are cared for by family members. In addition, Congress may wish to amend Medicare so that senior citizens could elect to be covered for expenses of day care in lieu of some of their home health care benefits currently authorized by law.

—The Congress may wish to enact legislation requiring all Medicare and Medicaid certified nursing homes to purchase security bonds to protect those patient funds entrusted to them for handling. Currently, nursing home finance personnel are not insured against mismanagement of funds.

—The Congress may also wish to help the States by passing legislation assisting Medicaid Fraud Control Units in the investigation and prosecution of all patient abuse and neglect complaints involving violations of State criminal laws for patients of facilities receiving Medicaid dollars.

—The Legal Service Corporation Act could be amended to permit legal assistance to be provided to elders who have been physically abused in private homes rather than licensed institutions. At the present time, legal services provided by the corporation are restricted to civil matters.

—At the very least, Congress should not cut back on the already depleted Federal support to the Social Services Block Grant which, due to inflation and direct cuts, has dropped by almost 20 percent since 1980.

In the area of State law, the most important change, in the view of many experts, would be provisions for mandatory reporting of suspected abuse, prompt investigation by a designated State agency, and immunity from prosecution for those who report. All 50 States have laws of this type relating to child abuse, but only 37 States and the District of Columbia have mandatory reporting laws for suspected instances of adult abuse. Therefore:

—The States may wish to consider enacting mandatory reporting legislation and otherwise upgrading their statutes to provide specific protections to the elderly equal to those provided to children.

Other needed changes in State laws, according to those knowledgeable about the area, include more specific tailoring of civil remedies, such as restraining orders and vacate orders, and social services such as emergency shelter, to situations involving sometimes frail, nonambulatory elderly persons living with relatives. Better coordination of State-level programs, including social and protective services, legal aid programs, and senior citizen-oriented programs, is also viewed as important in detecting and intervening in elder abuse cases.

Many advocate family counseling before the decision is made to take an elderly relative into the home. Some families may not realize the extent of the demands that will be placed on them when they assume the care of a dependent, sometimes impaired, older person. A case in point is Alzheimer's disease, the debilitating illness that afflicts 1–4 million Americans and lasts on the average 2 to 10 years. Caretakers may need to be educated as to the physical, emotional and medical needs of elder people and what community services might assist them. It may also be necessary to teach all family members how to interact and solve disputes in nonviolent ways. Hence:

—Families who are considering assuming the responsibility of caring for a dependent older family member may wish to consult with their local area agency on aging to determine what services may be available to assist them in this effort, and thus, reduce many of the stresses associated with caring for an older person unassisted.

SECTION VI

CONCLUSION

As this report reveals, elder abuse is a shocking national problem of ever increasing proportions, yet one that has only recently come to the attention of the American public and has been virtually ignored by the Federal Government. Truly, the abuse of older Americans is a national disgrace.

It is sad enough that each year around 4 percent or over 1.1 million elderly Americans may be the victims of abuse. It is sadder still that despite State efforts to strengthen legislation to protect their elderly, only an average of $2.90 per elderly person is spent for elderly protective services. The Federal Government, faced with the clear need to do more, has not only refused to enact needed reforms, but also has cut the primary funding source for protective services by nearly a fifth since 1981.

Elder abuse will not simply go away. Swift and determined action must be taken to deal with this national disgrace.

APPENDIX I

QUESTIONNAIRE TO THE STATES

Please answer each of the following questions from information on file in your records and return the questionnaire along with additional information and case histories by April 1, 1985. Our address is:

Subcommittee on Health and Long-Term Care
Room 715 House Annex I
300 New Jersey Avenue, S. E.
Washington, D. C. 20515

Questions

1. Does your Department have an office which is responsible for providing adult protective services and assisting abused adults? Yes_____ NO_____ If yes, what is the name and address of that office?____

2. What was the amount of the budget for all protective services in your state for fiscal year 1984?_____What was it for fiscal year 1983?_____

3. Approximately what was the budget for adult protective services for fiscal year 1984?_____What was it for fiscal year 1983?_____

4. Can you estimate what portion of your budget for adult protective services went toward providing protective services for the elderly in your state in fiscal year 1984?_____. In 1983?_____

5. Approximately what was the budget for child protective services provided by the Department in fiscal year 1984?_____ In 1983?_____

6. What is the number of adult protective service employees (in full-time equivalents) hired by the Department?_____How many are clerical?_____Paraprofessional?_____Professional?_____

7. Is there any legislation currently pending consideration in your State which would impact on the provision of adult protective servies? Yes_____No_____If yes, could you please send us a copy of the legislation?

8. How many cases of adult abuse came to the Department's attention in 1984? _____1983?_____

9. What percentage of the elder abuse cases that came to your attention were:

	1984	1983
substantiated		
unsubstantiated		
Inconclusive evidence?		

10. What percentage of those cases involved persons over the age of 65?
1984?_____1983_____

11. How many cases of child abuse came to the Department's attention in
1984?_____1983?_____

12. Experts have indicated that many elderly are abused by their children, relatives, or caretakers in obvious as well as in subtle ways. The following section of this questionnaire is to ask if you have ever received complaints of any of the following practices:

A. Physical Abuse - This includes deliberate acts leading to injury of the older person, such as beating, withholding medication, food and personal care necessary for their well-being. This also includes neglect. Yes_____No _____

B. Psychological Abuse - This includes verbal assaults and threats, provoking fear and isolation. This type abuse usually precedes physical abuse. It may involve the threat of unnecessary nursing home placement or various other mistreatments.
Yes_____No_____

C. Material or Financial Abuse - Includes the theft of money or personal property. The appointment of a conservator who does not handle an older person's estate in their best interests.
Yes_____No_____

D. Violation of Rights - This includes being forced out of one's dwelling or being forced into another setting against the older person's will. Yes_____No_____

E. Other - Explain_____
_____
_____
_____
_____

13. Is it your opinion that a significant number of elder abuse cases go unreported? Yes_____No_____If yes, what number of cases in your State were unreported in 1984?_____1983?_____

14. Would you say the incidence of elder abuse is increasing? Yes_____
No_____

15. What percentage of elder abuse is perpetrated by caretakers who are unrelated to the abused? _____%

In cases where caretakers unrelated to the victim commit such abuse, what percent of them would you guess are perpetrated by each of the following:

Unrelated conservator/guardian _____%
Live-in caretaker _____%
Other (Specify) _____%

16. Does your State have a law requiring mandatory reporting of elder abuse? Yes_____No_____If yes, may we have a copy? Also, could you characterize how effective this law has been? _____

17. Will you please provide the Committee with typical case histories of elder abuse which have come to your Department's attention? Please feel free to delete names of individuals or protective service employees if you so desire.

18. Has your State produced any pamphlets or literature addressed to senior citizens providing guidance with respect to elder abuse? Yes_____ No_____ If yes, may we have a copy?

19. Would you be willing to testify before the House Select Committee on Aging if hearings are scheduled on the issue of elder abuse? Yes_____ No_____

20. Is there someone you might suggest we contact for further information on this issue?_____

21. Would you favor Federal legislation to establish model mandatory reporting requirements for elder abuse to be adopted by the States? Yes_____ No_____ If yes, who should be required to report?_____

APPENDIX II

DIRECTORY OF OFFICES RESPONSIBLE FOR ADULT PROTECTIVE SERVICES

Alabama

Department of Pensions and Security, Bureau of Adult Services, 64 North Union Street, Montgomery, AL 36130.

Alaska

Division of Family and Youth Services, Pouch H-05, Juneau, AK 99811.

Arizona

DES Aging and Adult Administration, 1400 West Washington, Phoenix, AZ 85007.

Arkansas

Adult Protective Services, Donaghey Building, Room 1428, Little Rock, AR 72201.

California

Department of Social Services, Adult Protective Services, 744 P Street, Sacramento, CA 95814.

Colorado

State Department of Social Services, Division of Aging and Adult Services, 1575 Sherman, Room 803, Denver, CO 80203.

Connecticut

Department on Aging, Department of Human Resources, 175 Main Street, Hartford, CT 06106.

Delaware

Division on Aging, 1901 North DuPont Highway, New Castle, DE 19720.

District of Columbia

Adult Protective Services, First and I Streets, SW., Room 120, Washington, DC 20024.

Florida

Aging and Adult Services, 1377 Winewood Boulevard, Building 2, Tallahassee, FL 32301.

Georgia

Georgia Department of Human Resources, 878 Peachtree Street, NE., Atlanta, GA 30309.

Hawaii

Department of Social Services and Housing, P.O. Box 339, Honolulu, HI 96809.

Idaho

Division of Welfare, Statehouse, Boise, ID 83720.

Illinois

Elder Abuse Demonstration Project, Department on Aging, 421 East Capitol Avenue, Springfield, IL 62701.

Indiana

Commission on Aging and Aged, Graphic Arts Building, 215 North Senate Avenue, Indianapolis, IN 46202.

Iowa

Bureau of Adult, Children, and Family Services, Department of Human Services, Hoover Building, Fifth Floor, Des Moines, IA 50319.

Kansas

Adult Services Section, State Department of Social Services, Biddle Building, First Floor, 2700 West Sixth Street, Topeka, KS 66006.

Kentucky

Commonwealth of Kentucky, Cabinet for Human Resources, Department of Social Services, Frankfort, KY 40621.

Louisiana

Division of Children, Youth, and Family Services, P.O. Box 3318, Baton Rouge, LA 70821.

Maine

Maine Department of Human Services, Bureau of Social Services, Division of Adult Services, 221 State Street, State House, Station 11, Augusta, ME 04333.

Maryland

State Social Services Administration, Adult Protective Services, 11 South Street, Baltimore, MD 21212.

Massachusetts

Executive Office of Elder Affairs, 38 Chauncey Street, Boston, MA 02111.

Michigan

Department of Social Services, Bureau of Adult Services, Adult Protective Services Unit, P.O. Box 30337, Lansing, MI 48909.

Minnesota

Department of Human Services, Adult Protection, Centennial Office Building, St. Paul, MN 55155.

Mississippi

Department of Public Welfare, Social Services Department, P.O. Box 352, Jackson, MS 39205.

Missouri

Missouri Division on Aging, P.O. Box 1337, Jefferson City, MO 65102.

Montana

Department of Social and Rehabilitative Services, Community Services Division, P.O. Box 4210, Helena, MT 59604.

Nebraska

Division of Social Services, Adult Service Unit, Department of Public Welfare, Lincoln, NE 68509.

Nevada

Nevada State Welfare Division, 251 Jeanell Drive, Carson City, NV 89710.

New Hampshire

Office of Adult and Elderly Services, Division on Human Services, Haven Drive, Concord, NH 03301.

New Jersey

Department of Human Services, Division of Youth and Family Services, 1 South Montgomery Street, Trenton, NJ 08625.

New Mexico

Field Services Bureau, Social Services Division, Human Services Department, P.O. Box 2438, Santa Fe, NM 87503.

New York

Department of Social Services, 40 North Pearl Street, Albany, NY 12243.

North Carolina

Department of Human Resources, Division of Social Services, 325 North Salisbury Street, Raleigh, NC 27611.

North Dakota

State Office on Aging, State Capitol Building, Bismarck, ND 58505.

Ohio

Bureau of Adult Services, Ohio Department of Public Welfare, Division of Services to Adults and Families, 30 East Broad Street, Columbus, OH 43215.

Oklahoma

Department of Human Services, Aging Division, Support Services Unit, 312 NE. 28th Street, Oklahoma City, OK 73105.

Oregon

Senior Services Division, Program Assistant Section, 313 Public Service Building, Salem, OR 97310.

Pennsylvania

Department of Public Welfare, P.O. Box 2675, Harrisburg, PA 17105.

Rhode Island

Department of Elderly Affairs, 79 Washington Street, Providence, RI 02903.

South Carolina

Department of Social Services, Adult Protective Services Division, P.O. Box 1520, Columbus, SC 29202.

South Dakota

Adult Services and Aging, Department of Social Services, 500 North Illinois Street, Pierre, SD 57501.

Tennessee

Department of Human Services, 111 Seventh Avenue North, Nashville, TN 37203.

Texas

Department of Human Resources, 701 West 51st Street, P.O. Box 2960, Austin, TX 78769.

Utah

Division of Aging and Adult Services, 150 West North Temple, Room 326, Salt Lake City, UT 84103.

Vermont

Department of Health, 60 Main Street, Burlington, VT 05401.

Virginia

Department of Social Services, 8007 Discovery Drive, Richmond, VA 23229.

Washington

Department of Social and Health Services, Bureau of Aging, OB-43G, Olympia, WA 98504.

West Virginia

Adult Services Program, Division of Social Services, 1900 Washington Street, East, Charleston, WV 25305.

Wisconsin

Department of Health and Social Services, Division of Community Services, 1 West Wilson Street, P.O. Box 7851, Madison, WI 53707.

Wyoming

Division of Public Assistance and Social Services, Hathaway Building, Cheyenne, WY 82002.

APPENDIX III

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAY 9 1985

The Honorable Claude Pepper
Chairman, Subcommittee on Health
and Long Term Care
Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Pepper:

As you requested, I am enclosing a report which summarizes the activities undertaken by the Department of Health and Human Services to combat the problem of elder abuse. The Department regards elder abuse as a serious problem which must be dealt with principally through the actions of family members, voluntary organizations, and community-based service professionals and officials. The Federal government has been effective in this area by supporting research, model programs, and training to stimulate efforts at the local level. We look forward to continuing our efforts in this area.

Sincerely,

Margaret M. Heckler

Margaret M. Heckler
Secretary

Enclosure

(61)

SUMMARY OF HHS PROGRAMS REGARDING ELDER ABUSE

Social Services Block Grant

The Social Services Block Grant is the major Federal source of funding for ongoing programs of services for older persons in need of protection. Analyses of State pre-expenditure reports and other studies indicate that many States and local public social service agencies are increasing services to older victims of abuse from relatives, others and themselves. In FY 1982, protective services for adults were provided in 47 States. As under the SSBG predecessor Title XX program, protective services are provided without regard to income. Analyses of FY 1983 data indicate that, in addition to protective services, eleven States had added a service known as "prevention and intervention". This service includes such activities as investigation, assessment, family-centered early intervention, home evaluation and supervision, preventive and restorative services.

Older Americans Act

Title III provides formula grants to States which, in turn, distribute monies to area agencies on aging for a wide range of community-based nutrition and supportive services. Many State and area agencies have developed specific programs related to elder abuse but even more deliver services to the abused as part of programs designed for the many needs of impaired older persons. The 1984 amendments to the Older Americans Act require State and area agencies to identify community programs to prevent and treat elder abuse and to provide appropriate services where gaps exist.

The 1984 amendments also require that the Commissioner on Aging submit to the Congress by October 1986, a report on the extent to which the need for the prevention of elder abuse is unmet. This report is to be prepared by the Commissioner based on information gathered by the area agencies on aging.

Title III also serves abused elders residing in nursing homes and other care facilities through the Long-Term Care Ombudsman program. Every State must operate an ombudsman program to investigate and resolve complaints made by or on behalf of older residents of long-term care facilities.

Through Title IV, research, demonstration and training projects dealing with elder abuse have been funded for a number of years. Some recent illustrations include:

- University of Southern Maine -- produced and distributed eight technical guides to protective services providers and the aging network.

- Metropolitan Commission on Aging, Syracuse -- demonstrated a viable strategy for the prevention and treatment of elder abuse through a comprehensive and coordinated service system.

- Wayne State University -- developed an index of elder abuse as a reliable and valid measure for agencies serving elderly.

- Massachusetts Department of Elder Affairs -- developed two models of coordinated, comprehensive services for the prevention, detection and resolution of elder abuse and disseminated the results nationally.

- University of Massachusetts Medical Center -- evaluated three AoA model projects on elderly abuse. The findings regarding the nature of elder abuse and neglect called into question policies which emphasize age-segregated service delivery (versus a family-centered/integrated approach).

Medicare, Medicaid, Supplemental Security Income and Food Stamps

None of these four major Federal aid programs for the elderly have specific provisions for elder abuse but they all are available resources -- to a lesser or greater degree -- for either medical care that might be required as a result of abuse or for financial aid. For instance, a person receiving SSI would receive an increased benefit upon moving out of a relative's home because of an abusive situation.

National Institute on Aging

The National Institute on Aging (NIA) is responsible for conducting and supporting biological, behavioral, social and epidemiological research and training on all aspects of the aging process. Indicative of the interest of NIA in the subject of elder abuse is the following major study which began in September 1984:

- University of New Hampshire, Family Research Laboratory, "Conflict and Abuse in the Family Care of the Elderly". This two-year, $343,406 project will seek answers to such issues as the major sources of strain in families where the elderly are living in the same household as their children and the frequency of such maltreatment as physical violence, chronic verbal aggressiveness, instrumental physical force and deprivation of necessities. This is the first, large-scale (2,000) families study of the problem using a random sample survey.

Project SHARE

Project SHARE is a unique information clearinghouse created by the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. State and local officials are provided with current information on innovative approaches to improve planning and management activities involved in delivering humans services. As part of its activities, the clearinghouse collects and disseminates information on the subjects of family violence, domestic violence, child abuse, spouse abuse and elder abuse.

Alcohol and Drug Abuse and Mental Health Services Block Grant

Financial assistance is provided to States and territories to support projects for the development of prevention, treatment and rehabilitation programs and activities to deal with alcohol and drug abuse which have often been linked with family violence. This block grant also supports community mental health centers for the provision of services for chronically mentally ill elderly individuals, identifiable populations which are currently underserved, and for coordination of mental health and health care services within health centers.

National Institute of Mental Health

The National Institute of Mental Health and, in particular, its Center for Studies of Antisocial and Violent Behavior fund a number of projects dealing with violence in families. While their studies of spousal abuse involve primarily young couples, some elderly are included. Illustrative of the broad perspective necessary to understand the issue of elder abuse is the following project designed to improve research in the field:

- University of New Hampshire, "Family Violence Research Training". Social scientists will be produce by this training program equipped with the basic theoretical and research tools of consequences of conflict and violence in the family.